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ABSTRACT

This document reports the findings of a study conducted for the Texas legislature to use in evaluating alternatives for dealing with elder abuse. The described study analyzed experiences with elder abuse of 1,653 Texas professionals in the fields of health and medicine, the judiciary, financial services, law enforcement, and social services. The introduction discusses the complexity of elder abuse as a public policy issue, elder abuse in Texas, the problem and possible solutions, and professional opinions about elder abuse. An overview of issues section defines abuse and neglect, examines causes of elder abuse, looks at the nature and extent of abuse, and discusses intervention and prevention issues. The survey approach, sampling, and procedures are described. A section on findings contains responses of all key informants in the areas of: (1) contact with abuse; (2) services provided; (3) services lacking; (4) perceived causes of abuse; and (5) most helpful services. Comparisons among professions are made in each of these five areas. A summary of findings notes that 769 respondents reported experiences with over 11,000 instances of elder abuse and that all professions reported relatively high exposure to unintentional neglect. Needed and helpful services such as respite for caregivers, adult protective services, social casework counseling, and home health and personal care are discussed. Appendices contain the survey instrument, findings from each of 10 professions, and a tabular summary of survey responses by profession. References, 4 figures, and 20 tables are included. (NB)

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Report to the Texas Senate Select Subcommitte on Elder Abuse

☐ Survey of
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☐ and Neglect

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70th Legislative Session (1987)

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SURVEY OF KEY INFORMANTS

ON ELDER ABUSE & NEGLECT

REPORT OF FINDINGS

JEFFREY M. ANDERSON, PH.D.
JOHN T. THEISS, PH.D.

CONDUCTED FOR
THE TEXAS SELECT SUBCOMMITTEE ON ELDER ABUSE

SPONSORED BY
THE AUSTIN GRAY PANTHERS

WITH THE SUPPORT OF
THE INSTITUTE OF HUMAN DEVELOPMENT & FAMILY STUDIES
SOUTHWEST LONG TERM CARE GERONTOLOGY CENTER
TEXAS DEPARTMENT OF HUMAN SERVICES

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Executive Report (46pp) $5.00
Report of Findings (137pp) $12.00

Copies of the Key Informant Survey and details of its use can be acquired from the authors free of charge with the understanding that the resulting data will be shared. The authors can be reached at Texas Department of Human Services, P.O. Box 2960, Austin, Texas 78769.

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FOREWORD

Legislation on elder abuse varies greatly among the fifty states and is often a hodge podge of legislatures' best judgments about what directions will be effective in addressing this problem. Because scientific research in elder abuse is relatively new and primarily exploratory, studies have not analyzed policy related questions that need to be answered. Evaluative information about the effectiveness of various state policies is extremely limited.

The information that does get to the legislatures and the public tends to be limited to sensational cases. Newspaper and television reports often focus on the dramatic aspects of cases, failing to give a balanced view of the case or the complexity of the problem. Thus, the perceptions many hold about elder abuse are frequently based on a small atypical sample of abuse cases. Yet, these perceptions are a major focus in the policy process, possibly influencing legislators to support solutions with limited utility. This study details for legislators the complexity of the problem and identifies a range of potential solutions for their consideration.

The foundation for this study was formed in 1980 when the Austin Gray Panthers recognized that information about elder abuse in Texas would be a decisive factor in securing legislation and appropriation in the area of elder abuse and neglect. With support from the Hogg Foundation for Mental Health and the Institute of Human Development and Family Studies, the Austin Gray Panthers conducted an exploratory study. The findings supported two conclusions: elder abuse was widespread and there was community support for social programs to address elder abuse. The findings were used with the 68th and 69th legislatures to support legislation and appropriations for programs serving victims of elder abuse.

The early 1980s were years of great progress--abuse investigations were funded--and of increasing disappointment--funding for services and prevention remained woefully inadequate. More information was needed to define the problem, identify solutions, and increase support for elder abuse programs. The Austin Gray Panthers decided to sponsor a second study. They planned, organized, and conducted the high quality research effort reflected in this report.

This report represents a successful attempt to provide informed, balanced input into the legislative process. A coalition of individuals and public and private organizations collected and summarized information on the experiences and opinions of professionals who deal with elder abuse, *key informants*.

The organization of the project and its success are noteworthy. This one-year project enjoyed a consistently high level of grass roots support and resulted in a methodologically sound and useful research report. The Austin Gray Panther's efforts highlight the value of public-private collaboration in conducting sophisticated research that provides timely information to policy makers.

The present survey of key informants, under the auspices of the Texas Select Subcommittee on Elder Abuse, sponsored by a number of organizations, breaks new ground in providing us information about an area that will increase in importance and concern as America's population continues to grow older.

Ira Iscoe, Director
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ACKNOWLEDGMENTS

This report would not have been possible without the contributions of numerous associations, groups, and individuals. Probably the most important contribution was made by the Austin Gray Panthers who conceived this research project, managed its finances, and provided and solicited many of the staff who made the project possible. In terms of effort, the Institute of Human Development and Family Studies at The University of Texas at Austin made the study possible by providing project management expertise, a central research facility, staff, and funding for data entry. The Institute also supported the 1981 study of elder abuse by the Austin Gray Panthers.

The most important contributions to this study were made by the survey respondents and their respective state associations. The respondents provided the data on which this report is based. Many respondents also offered comments and observations about their experiences that helped give meaning to their responses. The state associations supported the survey by providing access to the members, advertising the survey to their members, and frequently by assuming a portion of the project costs. Contributors are identified on the following contributors page.

As with most volunteer projects, the available budget fell short. Special thanks are due to Dr. Laura Wilson and the Southwest Long Term Care Gerontology Center of the University of Texas Health Science Center at Dallas. She recognized the value of this study and was able to provide funds to cover most of the budget shortfall. Capitol Anesthesiology Associates generously contributed funds to the completion of the research project.

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SUMMARY OF FINDINGS
SURVEY OF KEY INFORMANTS ON ELDER ABUSE AND NEGLECT

Researchers analyzed 1,653 questionnaires from 10 professions. The professions are represented in the sample in the following proportions.

35.76% Health & Medical
23.78% Judiciary
13.57% Financial
13.45% Law Enforcement
13.45% Social Service

During the 16-month period surveyed, 769 respondents reported experience with over 11,000 instances of elder abuse. This level of exposure demonstrates that the problem is a reality for a large number of Texans. The extent of professionals' contact with elder abuse victims highlights the value of collaborating with them in prevention and treatment.

Twenty-two percent of the 1,653 respondents reported experience with five or more instances of elder abuse; 25% reported experience with one to five instances; and 53% reported no contact with an instance of elder abuse between January 1985, and April 1986.

All professions reported relatively high exposure to unintentional neglect. However, the different professions reported different levels of contact with elder abuse and neglect situations.

The needed service that was most frequently cited as unavailable was respite for caregivers. A substantial number of respondents reported that they needed and could not find emergency shelter and bill paying services.

Key informants agreed that caregivers' alcohol and drug problems and overburdened caregivers were most likely causes of elder abuse and neglect. **Only a small number of the professionals supported the "cycle of violence" explanation of elder abuse.** Less than 5% strongly agreed with the statement that elder abuse and neglect is the result of caregivers [who were] abused as children; 28.7% disagreed with the statement

No causal statements about unintentional neglect stood out from the rest of the possible explanations. This may indicate (1) that the causes of unintentional neglect are less well understood or apparent or (2) that the causes of unintentional neglect are more complex--no one factor is a major cause.

The services most often identified as most helpful to address elder abuse and neglect were **adult protective services** and **respite care.**

The services most often identified as most helpful to address unintentional neglect were **social casework counseling** and **home health and personal care.**

INTRODUCTION

The problem of elder abuse is far more complex than the headlines portray. Abuse of elderly Texans is a significant and complex health and human service problem throughout the state, and can be expected to increase as the population of Texas ages. This survey provides an analysis of professionals' experiences with elder abuse, the services they used when confronted with abuse, and the services that they needed but could not secure for elder abuse victims.

This is far more difficult to deal with than child abuse because the elderly are not as visible. Most cases in our area never reach the eyes and ears of those who could help.

--justice of the peace

The victims are not always willing to admit that they are being abused by loved ones. They fear total abandonment

--home health care director

The state desperately needs a means of preventing elder abuse -- not just a way to deal with it once it occurs.

--hospital social work director

A COMPLEX PUBLIC POLICY ISSUE

Although the tragedies of elder abuse are not new, public concern about the problem and state legislation in the area is a recent phenomenon. The most serious cases--incidents of physical abuse and caregiver neglect that result in death--capture the newspaper headlines and inspire editorials urging more vigorous prosecution and new laws to protect the elderly.

But testimony before the Texas Senate Select Subcommittee on Elder Abuse and the findings of the Select Committee on Aging of the U. S. House of Representatives (1981a, 1981b, 1985) demonstrate that elder abuse is not a simple issue of sensational violence or greedy exploitation. According to Richard Douglass (1984), study director at the Institute of Gerontology, University of Michigan, most elder abuse situations are tragic cases of neglect, incompetent caregiving, or a caregiver's physical or mental inability to provide the level of care required. Only a minority of cases involve actual malice or physical violence.

The problem of elder abuse is far more complex than the headlines portray. Increases in the population over 65 and a larger population of the very old place new demands on families and health and human services. When formal services are inadequate--a situation especially true in rural areas--demands on families become even greater. When the abuser is a family member or caregiver, prosecution alone does not resolve the problems the elderly victim faces. As one victim recounted, "What do I do? If I prosecute, where do I go? I have no place to go but back to them."

Our understanding of elder abuse is limited, and to date most services are directed toward the victim and are provided after the abuse or neglect occurs. **What little we know indicates that social policy and services need to be organized to prevent abuse and to address the problems of the abuser as well as the abused.**

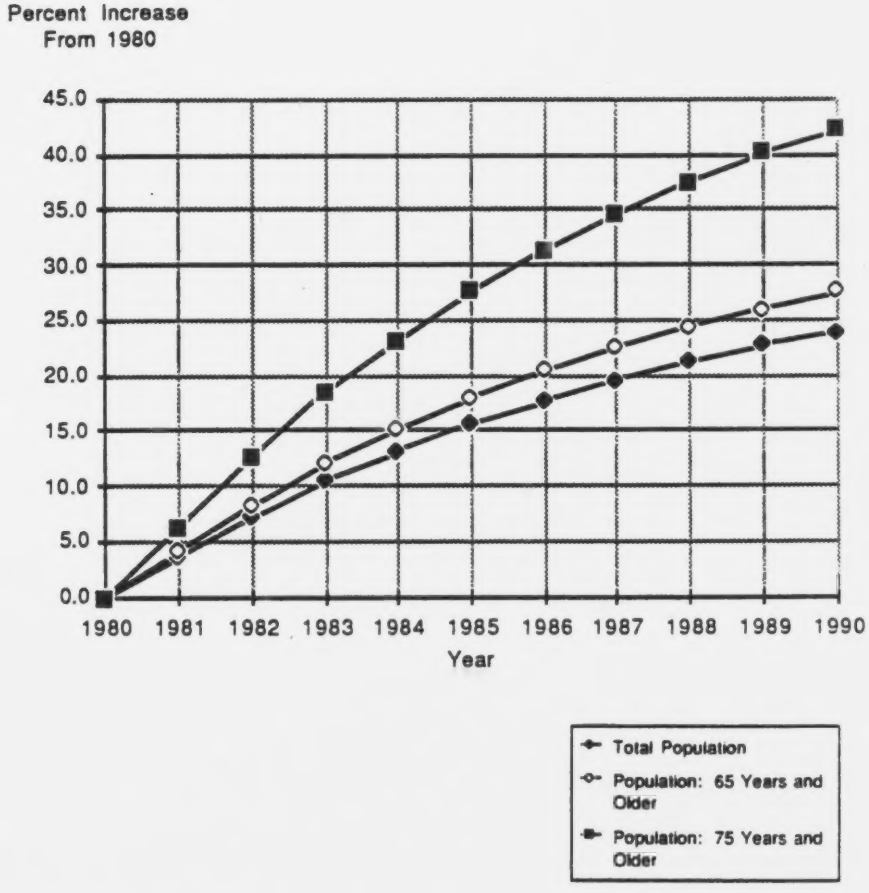
ELDER ABUSE IN TEXAS

Elder abuse is a serious problem nationally and in Texas. During the 1986 fiscal year (1 September 1985 to 31 August 1986), the Texas Department of Human Services validated nearly 10,000 cases of abuse: about 26 each day. The Department's investigations revealed not just isolated instances but chronic situations of battering, confinement, and severe neglect that included the withholding of food or water, under- and over-medication, sexual abuse, and financial exploitation.

Abuse of elderly Texans is a significant and complex health and human service problem throughout the state, and it can be expected to increase as the population of Texas ages. The population of Texas is growing at a faster rate than the national average. Between 1980 and 1990 the population is expected to grow 24%, from 14.2 million to 17.6 million people. The number of older Texans is increasing at an even faster rate. Figure 1 shows projections for population growth through 1990. While the state population is expected to increase by 24%, the population of Texans 65 and older is projected to increase by 28%. The number of Texans over 74 years of age, the population most at risk for abuse, is expected to increase by 42% during the same period.

Addressing the problem is especially difficult in Texas because a large proportion of the elderly live in rural areas. Cases of elder abuse in rural areas are more difficult to identify, investigate, and resolve. The services frequently needed to protect an older person and resolve the abusive situation--emergency shelter, emergency medical services, psychological services, supervised residential centers, and respite care--are often inaccessible or simply not available.

Figure 1. Texas Population: Projected Growth From 1980-1990



Source: Texas Department of Health. Population counts, estimates, and projections. Revised July 1986

THE PROBLEM AND SOLUTIONS: OPINIONS OF TEXAS PROFESSIONALS

The responsibility for designing, operating, and coordinating services to elderly, especially abused elderly and potential victims, lies with the states. The challenge is to learn enough about what causes abuse and the potential range of solutions to enable the state to more effectively address the problem. The Texas legislature is currently evaluating alternatives in dealing with elder abuse and has solicited input from Texans, from other states, and from experts in the field.

This study is part of that input. Conducted for the Senate Select Subcommittee on Elder Abuse, it analyzes physicians', nurses', judges', bankers', and other professionals' experiences with elder abuse.

This report identifies the extent of their involvement in addressing the problem of elder abuse. The findings highlight the services that the professionals used when confronted with elder abuse, and the services that these professionals needed but could not secure for victims. From this scientific study, a clearer picture emerges of the range of potential solutions and the types of legislation and policies these groups are willing to support.

OVERVIEW OF ISSUES

Elder abuse is not uniformly defined in the research. The differences in definitions make it difficult to understand the problem's scope and to develop effective legislation. There are numerous approaches to explaining elder abuse, but little empirical research to test the validity of the various explanations. There are equally as many approaches to responding to elder abuse. For this research we chose to identify popular beliefs and theories reported in the literature concerning the causes of elder abuse and to study their acceptance by various professions. We also examined the approaches that the key informants used when dealing with elder abuse.

Most people today do not understand what happens when people grow old.

--physician

More public awareness is needed. The average person who sees neglect or abuse does not know what to do or refuses to get involved.

--probate judge

The only conspicuously absent category of abuse in your list is governmental abuse--be it by cutback of funds or withdrawal of services.

--physician

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DEFINING ELDER ABUSE

Lack of a standard definition of elder abuse is a pervasive criticism of the current literature and a major impediment to validating the scope of elder abuse. We differentiated among five types of abuse and neglect for this study.

A major impediment to the study of elder abuse and the development of public policy is the lack of a clear and accepted definition of what constitutes abuse. The definitions of elder abuse are almost as numerous as the number of researchers active in the area. For example, Lau and Kosberg (1979) used four categories of abuse in their definition: physical abuse, psychological abuse, material abuse, and violation of rights. Block and Sinnott (1979) did not include violation of rights or medical abuse (which Lau and Kosberg included under physical abuse). Also, they defined physical abuse differently than did Lau & Kosberg. Block and Sinnott required some visible form of injury while Lau and Kosberg's definition of physical abuse included cases that may or may not have involved injury (e.g., lack of personal care, lack of food, lack of medical care, and lack of supervision).

Chen *et al.* (1981) provided yet another system for categorizing the problem of elder abuse. Their categories of abuse were: physical, psychological, sexual, and social-environmental. The differences in categories and definitions make it difficult to compare the results of these and other studies. Lack of a standard definition of elder abuse is a pervasive criticism of the current literature and a major impediment to validating the scope of elder abuse (Douglass and Hickey, 1983).

A clear and standard definition of elder abuse is critical for the future of legislation and research in this area. The definition needs to clearly distinguish abuse from neglect, and the distinctions should be consistent with probable causes and solutions. Lacking a standard definition of elder abuse, several issues were considered in deciding upon the definition of elder abuse used in this study.

The most important of these issues were--

1. clarity and ease of recognition by the professionals to be surveyed,
2. consistency with current legislative definitions, and
3. consistency with current research in elder abuse.

For the purposes of this research, elder abuse was identified as shown under the following two subheads.

SURVEY DEFINITIONS OF ABUSE

For this research we defined abuse as follows:

- **Physical Abuse**--elderly person is confined, hit or molested, sexually abused, cut or burned.

- **Verbal-Emotional Abuse**--elderly person is insulted, frightened, humiliated or threatened.

- **Exploitation**--illegal or improper use of an elderly person's money, property, or other resources by another for personal gain.

SURVEY DEFINITIONS OF NEGLECT

We used the following definitions of neglect:

- **Caretaker Neglect**--resources necessary for daily living such as food and medicine are not provided by individuals acting as caregivers.[1]

- **Unintentional Neglect**--the elderly person is alone, isolated, forgotten, and/or lacks minimal basic resources. No person is acting in the role of caregiver.

---

[1]The survey used the term "caretaker." For this report "caregiver" is used instead of "caretaker" because the intended audience is more familiar with this term.

THE CAUSES OF ELDER ABUSE

There are numerous hypotheses about the causes of elder abuse but little empirical research that tests the validity of these explanations. The survey investigated beliefs that the key informants held about the causes of elder abuse.

There is little empirical evidence concerning the causes of elder abuse. Many conclusions about elder abuse are generalizations from the study of other forms of family violence. Most of the presumed causes of elder abuse fit into the following five categories:

1. pathology of perpetrator,
2. cycle of violence,
3. dependency of victims,
4. social isolation, and
5. social-environmental stress.

This subsection briefly reviews these five perspectives on causality.

PATHOLOGY

The pathological explanation attributes abuse to maladaptive personality characteristics of the abuser. As Gelles (1974) noted, many studies of child abuse have relied on the idea that "the parent who abuses his or her child suffers from some psychological disease which must be cured in order to prevent future abuse" (p. 190). Wolf *et al.* (1984) found a considerable degree of mental illness among abusers: 31% were reported to have a history of psychiatric illness and 43% to have a substance abuse problem.

Alcohol and drug abuse by perpetrators has gained widespread acceptance as an explanation for elder abuse. Substance abuse, it is generally argued, may diminish inhibitions against violence and provide a convenient excuse for violent behavior (Pillemer, 1985b). A number of studies have demonstrated a statistical association between drug and alcohol abuse and family violence (Coleman and Straus, 1981). Although there are a disproportionate number of individuals with a history of psychiatric illness

and substance abuse among the perpetrators of elder abuse, the studies have not established causal linkages between pathology and elder abuse.

CYCLE OF VIOLENCE

Social learning theory postulates that individuals who have violent role models learn to be violent. When parents or guardians are abusive, children learn to be abusive. As an adult, the individual relies on this learned behavior of violence as a way of responding to anger and frustration. This theory forms a foundation for the *cycle of violence* explanation (Steinmetz, 1978). The cycle of violence explanation posits that patterns of abusive behavior are learned through witnessing such patterns in the family setting and in society in general.

Chen *et al.* (1981) noted that longstanding problems in family relationships and family pathology were both named by practitioners as causes of elder abuse. They further noted that a characteristic common to both of these factors is a general acceptance of violence or cruelty as the norm.

DEPENDENCY

Another factor commonly cited as a cause of elder abuse is the resentment generated in a caregiver by increased dependency of an older person on the caregiver. Davidson (1979) elaborated on how dependency causes abuse; he tied the abuse directly to the "crises" created by the needs of an elderly parent for care. This explanation--dependency of older individuals--is probably the most widely held explanation (Pillemer, 1985b).

Steinmetz (1983) argued that families undergo "generational inversion," in which the elderly person becomes dependent upon his or her children for financial, emotional, and/or physical support. This dependence frequently leads to severe stress on the part of the caregiver and the elder family member. As the costs of the relationship to the caregiver increase and the rewards diminish, the exchange becomes perceived as inequitable. If the caregiver feels unable to escape the situation, he or she may then become abusive.

Lawyers, adult protective workers, and aging services workers in the 1981 Hickey and Douglass study reported vulnerability and dependency of the elderly as the most likely causes of elder abuse. However, police officers and physicians rated these factors lower than other possible causes. Differences in their experiences with elder abuse is one explanation for the different perceptions of causality. Police officers are more likely to have experience with severe physical abuse while physicians see more instances of caregiver neglect. If the causes of these types of abuse appear to differ, the professionals would rate the causes differently.

Another cause cited by some is **dependence of the perpetrator on the abuse victim**. Wolf *et al.* (1984) found that the perpetrators were reported to be financially dependent on their victims in two-thirds of the cases they reviewed. Financial dependency of the abuser was reported as an important risk factor in elder abuse by both Pillemer (1985a) and Hwalek *et al.* (1984).

SOCIAL ISOLATION

The elder may find that the "autumn of life" is not the time of comfort and freedom that had been anticipated. Aging often is accompanied by decreases in productivity, loss of status in the family, loss of independence and mobility, and loss of contact with friends. Tasks that were once handled with ease, such as climbing stairs or preparing meals, may now be difficult. All of these possible changes can contribute to a decreased sense of control over life and fewer contacts with others.

Isolation, often associated with unintentional neglect, can lead to other forms of abuse. The isolation provides greater opportunity for violence and exploitation to occur. Alternatively, risk of discovery and community censure acts to prevent or minimize violence in households that have friends or relatives who live nearby (Phillips, 1983).

SOCIAL-ENVIRONMENTAL STRESS

Another model used to explain elder abuse is the stress model, which suggests that persons who are abusive towards members of their families have been subjected to an inordinate amount of stress. Justice and Justice (1976) suggested that it is not a single stressful event that produces an

abusive pattern in a family but an accumulation of stressful situations over a period of time. Block and Sinnott (1979) suggested that the stresses of caring for an aged and infirm relative may lead to abuse. Sengstock *et al.* (1984) found that the families of abuse victims had encountered many problems in a fairly short period of time. **These findings may indicate that abuse is a symptom of much greater difficulties faced by a family.**

Economic problems are a major cause of stress in families. The cost of medical care for elderly people often exceeds the resources and benefits to which they have access. Increases in the cost of living present another possible source of stress. Inflation has forced many women who cared for an elderly relative to join the work force. For some families this has meant leaving the dependent parent or grandparent at home without adequate care. Burston (1975) explained elder abuse as a logical consequence of the stress caused by increased cost of living and inadequate access to services that support families in caring for elderly family members.

SUMMARY--CAUSES OF ABUSE

In short, there are numerous approaches to explaining why older people are abused. There is disagreement as to when and if these explanations are valid. Many of the explanations proposed are likely to be contributing factors rather than sole causes. For this research we chose to identify popular beliefs and theories reported in the literature concerning the causes of elder abuse and to study their acceptance by various professions. **A theme common to each of these theories is that incapacity, rather than age by itself, is more closely associated with abuse.** The description of the typical abused elderly person found in case studies supports this observation.

THE NATURE AND EXTENT OF ABUSE

Existing research does not accurately document the incidence of elder abuse. Incidence of reported elder abuse is not an accurate indicator of the actual extent of the problem. Often the abused elder is not likely to report the abuse. There is some agreement on the characteristics of the abuse victims, but there is less agreement on who is the typical abuser.

DIFFICULTIES IN DETERMINING INCIDENCE

Existing research does not accurately document how many people over 65 are being abused or neglected. Determining the extent of elder abuse would necessitate the collection of accurate information about whether abuse had occurred from a sample of the approximately 26 million Americans over the age of 65. To date no study has accomplished this. In addition to the logistical difficulties presented, lack of a common definition is another major barrier to such research.

The rates of reported abuse have been used as substitutes for the incidence of elder abuse. In a study of state policies and practices, Tatara and Aravanis (1986) noted a number of limitations in using the rates of reported abuse. Among them were ". . . the lack of standardized or uniform definitions of elder abuse in states; variations among states in the ages of persons covered by various laws addressing elder abuse; . . . and variations among states in the types of elder abuse covered in their reporting requirements" (APWA & NASUA, 1986, p. vii). They also noted that the rates of reported elder abuse in states varied from .16 per 1000 persons over 60 to 8.5 per 1000 depending on the types of abuse covered by legislation. Nauman's (1986) review of the differences across states in their elder abuse legislation pointed out similar problems in trying to make comparisons among the states.

Additionally, it has not been possible to determine the extent of unreported abuse. Lau & Kosberg (1979) concluded that many abused elder would not report the abuse and would deny that it was taking place if questioned. Steinmetz (1978) suggested three reasons an elder might not report the abuse: (1) fear of retaliation by the abuser; (2) shame that the abuse was taking place and; (3) the belief that no alternatives existed.

CHARACTERISTICS OF VICTIMS AND PERPETRATORS

Although it is very difficult to determine the incidence of abuse, researchers have used case records to develop profiles of victims and perpetrators. Chen *et al.* (1981) reported that the typical abused elder was a single, white, female between 60 and 80 years old with low social-economic status who had not graduated from high school. Block and Sinnott's (1979) research identified a similar profile of the abused. They reported that the typical abused elder was female, 84 years of age, likely to be Protestant, lower or middle class, living with a relative, and having some degree of physical and/or mental impairment. Lau and Kosberg's (1979) profile of elders who were abused concurs with the others. The picture that emerges of the abused is a white widow, probably over 75 years old, suffering moderate to severe mental and/or physical disabilities, and living with a relative who is her abuser.

While researchers have been able to profile the abused, it is more difficult to characterize the abuser. Chen *et al.* (1981) found that the abuser was likely to be a white male, between 40 and 60 years old, a blue collar worker of low social-economic status, with less than a high school education, and usually a relative (son) of the abused elder. Block and Sinnott's (1979) profile of the abuser differed. They found that the abuser was most likely a woman, the daughter of the abused elder. **In a substantial number of cases, the perpetrator was financially dependent on his or her victim.** Pillemer (1985a) also found a history of psychiatric hospitalization to be much more common among abusers than among a non-abusive comparison group.

INTERVENTION AND PREVENTION

Mandatory reporting laws, protective service agencies, and direct service providers are major elements in the system of services for abused elderly people. The system is organized to identify and resolve cases of elder abuse. Interventions are focused on stopping the abuse and hopefully decreasing the likelihood of it recurring.

Lack of knowledge about the extent, nature, and dynamics of elder abuse has made it very difficult to plan social remedies, especially preventive remedies. In the absence of a national policy towards elder abuse, states and communities have designed their own programs to help abused elderly persons. So far, three types of services have been employed:

1. Mandatory reporting laws (MRL),
2. Protective service agencies, and
3. Direct services, including educating the public to raise awareness.

Lack of funding for services to elder abuse victims has been a continuing problem. Even when services are available, victims may refuse them. Victims of neglect or abuse are usually legally competent adults who have the right to refuse outside attention or intervention. Respecting the rights and independence of victimized elders may result in known abuse situations not being stopped. Primary prevention, efforts that attempt to strengthen the family and community support of the elderly and thereby keep abuse or neglect from occurring, are less likely to encounter this barrier; however,little has been done in the area of primary prevention. This subsection briefly reviews the three categories of services currently available in Texas and many other states.

MANDATORY REPORTING LAWS

The goal of a mandatory reporting law (MRL) is to facilitate the identification of the abused and thereby allow the state to intervene. The question of who is being abused has been answered differently in many states, and penalties for failure to report vary greatly. Reporting statistics indicate that MRLs, especially those with penalties for not reporting,

increase reports from institution staff concerning residents but do not increase reporting by the general public. There is tremendous variation from state to state in the design and enforcement of mandatory reporting laws (Nauman, 1986).

Mandatory reporting is a controversial issue with no consistent data to help clarify the confusion, and few states have attempted to evaluate the impact of mandatory reporting laws. While MRLs are often thought of as an important first step, the experience of the state of Michigan points out the potential danger of not going beyond the passage of an MRL. In 1982 Michigan passed a mandatory reporting law. The flaw, notes Medved (1986) was that appropriations for the Department of Social Services Adult Protective Services were minimal, thereby hampering implementation.

PROTECTIVE SERVICE AGENCIES

Protective service programs for those over 65 are even more controversial than the MRL. Protective service agencies investigate alleged elder abuse situations. If they validate a case of abuse, they provide services and often refer the protective client to other services. While the investigation and service process is somewhat controversial, public opinion is most divided in cases where intervention is against the wishes of the elderly person.

Most public protective service programs assign a legal intervention role to social workers. Such programs generally involve the use of legal options such as guardianship or conservatorship, when the elderly person is judged to be incompetent. Members of the legal community have been the strongest critics of the use of guardianships and conservatorship. They see these as intrusions upon the civil liberties of elderly people and as a way of infantilizing [sic] them (Pillemer, 1985a). The legal profession argues that most states define abuse so broadly that they allow for a potentially stigmatizing intrusion into families with merely the normal range of human problems (Callahan, 1982). Critics suggest that guardianship is used too frequently with older individuals.

DIRECT SERVICES

Any solution to elder abuse must contain an increase in awareness and availability of service options. Services that might be used by the elderly and their families can be categorized into three general groups: services for the victim, services for the abuser, and services that bring victims and service providers together.

Services for Victims

For victims, Pillemer (1985b) suggests the following service options as being useful:

1. Housing services--respite care to allow relatives a break from caregiving; and permanent alternate housing such as cooperative housing, proprietary care homes, and nursing homes.
2. Health services--home health aides; home nursing; personal care attendant; adult day health centers; in-home occupational, speech, and physical therapy.
3. Home maintenance services--assistance in housekeeping, heavy chores, and meal preparation.
4. Mental health services--individual and family counseling for the abused and the abuser.
5. Supportive social services--friendly visitor programs, senior centers, and recreation programs.
6. Financial management and legal services--protective services, conservatorship or guardianship, and legal counsel in guardianship hearings.

Victim-provider linkages are another resource for victims. These services link those in need with available resources. Linkage services include case management, transportation, and information and referral. These access and advocacy types of intervention are especially important to frail, homebound, and uninformed victims. These interventions are difficult

to evaluate and are frequently overlooked when more substantive services are considered.

Community education is also frequently overlooked. Chen *et al.* (1981) discovered that reporting rates increased when the public became more aware of elder abuse in domestic settings. They speculated that more reporting could decrease the actual incidence of elder abuse. Community education can include education of the public and of individuals involved in abusive relationships.

Services for Abusers

For abusers, many of these services would also be of benefit. Children who have remained dependent on elderly parents may be helped by counseling as well as by concrete assistance in establishing a separate residence and finding employment. Abusers who are caring for the victim could benefit from caregiver support groups and the inhome and respite services listed above.

SUMMARY OF INTERVENTIONS

Mandatory reporting laws, protective service agencies, and direct service providers are major elements in the system of services for abused elderly people. To date, most of the system is organized to identify and resolve cases of elder abuse. Interventions are focused on stopping identified cases of abuse and hopefully decreasing the likelihood of it recurring. Community education programs typifies one approach to abuse prevention. By providing information on services for elderly people and caregivers, community education programs have the potential to decrease the incidence of elder abuse. However, little attention has been paid to the prevention of abuse.

METHODS

This section outlines the survey methods used to obtain information about elder abuse and neglect from professionals who, by the nature of their work, are more knowledgeable about the problem than the general public. After a brief description of the approach, the sampling procedures and mail survey procedures are detailed. This is followed by a short description of survey participants.

Of the 4,300 questionnaires mailed, 1,653 (38%) were returned before the June 19, 1986, deadline. Six hundred sixty-one respondents were from cities with populations of 50,000 or more. All 12 public health regions of the state were represented. The largest number of key informants were from the Houston, Dallas/Ft. Worth and Austin areas. The groups surveyed were selected with the belief that their work brings them into contact with the elderly and with situations of elder abuse and neglect. Nine hundred ninety-six of the respondents indicated that 50% or more of their work involves elderly persons.

APPROACH

A survey of informed professionals and community leaders about their understanding of a social or community problem and possible solutions is known in the needs assessment literature as a **key informant survey.** Results from a key informant survey can provide both diagnostic information, key informants' understanding of the problem, and prescriptive information, what they think should be done. This survey of key informants gathered both types of information.

Because the success of most attempts to prevent or alleviate elder abuse depends in part on the cooperation of professionals such as those surveyed, knowledge about their beliefs and the approaches they support is as important as learning about the types of abuse they encounter. The survey also provided an opportunity for numerous professionals who did not attend the Texas Senate Select Subcommittee on Elder Abuse public hearings to share their expertise and express their opinions on this important policy issue.

SAMPLING PROCEDURES

Standard survey procedures were used to assure that the responses of those surveyed can be generalized to the groups from which they were selected. Members of the Austin Gray Panthers, Adult Protective Services staff, and Senate staff identified professions that were likely to both serve elderly Texans and have contact with situations of elder abuse or neglect. Eleven groups were identified, and their professional associations were contacted. Ten of the eleven agreed to support the research project. Members from these ten professions (listed in Table 1) were surveyed.

The mailing lists from eight of the ten professions were used to identify survey participants. State licensing lists were used to identify registered nurses and licensed vocational nurses. A total of 4,300

individuals were surveyed. All members of associations with memberships of 350 or less were surveyed. Systematic samples were drawn from professions with more than 350 members.

When a sample instead of the entire membership is used, the results are estimates of the opinions held by all members of the group. The sample size for each professional group was computed to assure no more than 5% error on dichotomous questions at the 95% confidence level. In other words, samples were large enough so that, apart from a 1 in 20 (5%) chance that the members surveyed were unusually different from the total membership, the opinion of all members lies no more than 5% above or 5% below the obtained result.

SURVEY PROCEDURES

The survey was conducted in three stages. First, we completed the initial mailing of the questionnaire materials to all selected members of the ten professional associations. (A copy of the questionnaire is included in Appendix A.) A letter of support from the appropriate professional association accompanied the cover letter from State Senator Barrientos, the questionnaire, and a return envelope. Because the survey was anonymous, a separate "participation" postcard was enclosed with each questionnaire. By returning the postcard, respondents could indicate that they had completed the questionnaire and maintain anonymity. This enabled the follow-up mailings to target non-respondents.

A follow-up postcard from Senator Barrientos was sent to those who had not returned their participation postcards within three weeks. Finally, a follow-up letter from the Austin Gray Panthers and a second copy of the questionnaire materials were sent to those who had not responded within six weeks.

SURVEY PARTICIPANTS

Over 38% of those surveyed returned questionnaires by June 19, 1986, the survey cut-off date.[2] Table 1 lists the professions in alphabetical order, the number surveyed, and the number of completed questionnaires.

Table 1: Response Rate for Key Informant Survey

Professional Group	Number Surveyed	Number & % Returned
Bank Trust Officer	550	222 (40.4%)
Home Health Care Director	183	94 (51.4%)
Justice of the Peace	555	235 (42.3%)
Law Enforcement Officers	407	220 (54.1%)
Nurses, Licensed Vocational	355	124 (34.9%)
Nurses, Registered	485	143 (29.5%)
Physicians	740	224 (30.3%)
Probate Judges	398	154 (38.7%)
Senior Center Directors	432	102 (23.6%)
Social Work Directors	174	118 (67.8%)

The professional affiliation could be identified for 1,636 of the 1,653 completed questionnaires. Approximately 36% of the returns were from health care professionals. Twenty-four percent of the returns were from judges. The financial, law enforcement, and social service areas were about equally represented, each constituting about 13% of the sample.

[2]An additional 200 have been received since June 19, 1986. Those surveys will be included in subsequent analyses. Lack of a current address resulted in approximately 100 of the questionnaires not being delivered.

FINDINGS

The key informant survey was designed to answer the following questions:

I. How many of the professionals surveyed encountered elder abuse, and how frequently did they encounter each of the five types of abuse?

II. In dealing with cases of elder abuse:

A. What services have the professionals provided?

B. What services did they use in helping victims?

C. What services did they need that were unavailable?

D. What do they think are the causes of elder abuse?

III. Do professionals who have experience with elder abuse have different opinions than those without experience?

IV. What services (listed in the questionnaire, Appendix A) do they think will be most helpful in addressing each of the five types of elder abuse?

Individuals from each of the professions report a high level of providing, using, and needing services to address elder abuse situations. Their responses indicate that there is not nearly enough service available to meet current needs. Much of the elder abuse and neglect that they see is partially the result of a lack of services such as respite care for caregivers or home health and personal care. Because of eligibility requirements, the abuse victim may not have been eligible for the community care services the state provides.

The largest portion of abuse and neglect reported is unintentional neglect, the type of abuse least understood and possibly the hardest to address. Respite care is largely unavailable, yet this service can help prevent as well as address the problem. The majority of the professionals view elder abuse and neglect as the product of situations, rather than a problem of bad people. Very few of the professionals reported that legislating filial responsibility would be helpful in addressing elder abuse. The professionals identified adult protective services (APS) as a key service, and they reported difficulty in obtaining these services. This finding supports other information that APS does not have the needed resources, and that the professionals may need more information about the services APS can and cannot provide.

The findings section has two parts: the first subsection presents the findings for all key informants; the second compares and contrasts responses from the 10 professions. Responses from each of the 10 professions are summarized in Appendix B. Appendix C presents a tabular summary of the responses from all professions.

People tend to forget that these old people were at one time doctors, lawyers, secretaries, or nurses. When they hit 70+ they suddenly are treated as if they had no sense.

--registered nurse

I am sure that many elderly are afraid to leave a difficult situation for fear of finding themselves alone and on the streets.

--physician

Problems as I see them: difficulty and roadblocks to legal guardian appointment.
We deal with the elderly on a daily basis. The overriding problem in these cases is that the elderly do not have anyone to turn to for advice . . .

--bank trust officer

The victim is not always willing to admit being abused by a loved one. They fear total abandonment.

--home health care director

Addressing the problem. . .

I am an emergency physician. My worst problem is to get emergency shelter and quick social services care when they go back home.

--physician

This city has the problem of people opening what they term homes or halfway houses which are not controlled by state regulations. The owners take the people's welfare checks and don't supply them with adequate medical, physical, or any other type of care.

--law enforcement officer

Many times families needing help do not have enough money to pay for assistance and make just a little too much money to qualify for federal assistance programs . . .

--home health care director

Anyone who has had the opportunity to care for the infirm knows that the job is often mentally, physically, and emotionally taxing. The burden of care usually falls on the shoulders of one or two people. Many of our clients would be able to stay in their homes if they had access to personal care 3-7 times a week.

--home health care director

The county judge's office in cooperation with the Texas Department of Human Services has developed a system of providing services for those persons in need of protection . . . but we need a public conservator program.

--probate judge

I think providing education to caregivers on how elderly think, feel and function would help. People tend to forget elderly have special needs and caregivers need reinforcement on how to properly care for the elderly--both physically and emotionally.

--licensed vocational nurse

A program teaching people how to master the rules of guardianship, how to handle the legal problems involved (probate can be mastered), and thereby increasing the population of available guardians, would be great.

--probate judge

I'm afraid that if there is legislation on children's responsibility for parents, you may see more physical and verbal abuse due to pressure put on these families. . .

--licensed vocational nurse

Legislating moral behavior (filial responsibility) is never the answer.

--home health care director

Have like a "neighborhood watch" only it could be a buddy system for elderly people to check on them every day--don't take it for granted that someone else did.

--justice of the peace

I would like very much to see more senior apartment living centers. Many need only partial care and feel more independent in an apartment . . . [but] these types of centers are much too expensive for those on fixed incomes.

--law enforcement officer

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RESPONSES OF ALL KEY INFORMANTS

All 12 public health regions of the state were represented. The largest number of key informants were from the Houston, Dallas/Ft. Worth and Austin areas. Of the 1,653 returns, 54% reported no contact with abuse, 24% had between one and five contacts, and 22% reported having contact with more than five instances of elder abuse. Unintentional neglect was the most frequently encountered type; physical abuse was the least frequently encountered. The groups surveyed were selected with the belief that their work brings them into contact with the elderly and with situations of elder abuse and neglect. Nine hundred ninety-six of the respondents indicated that 50% or more of their work involves elderly persons.

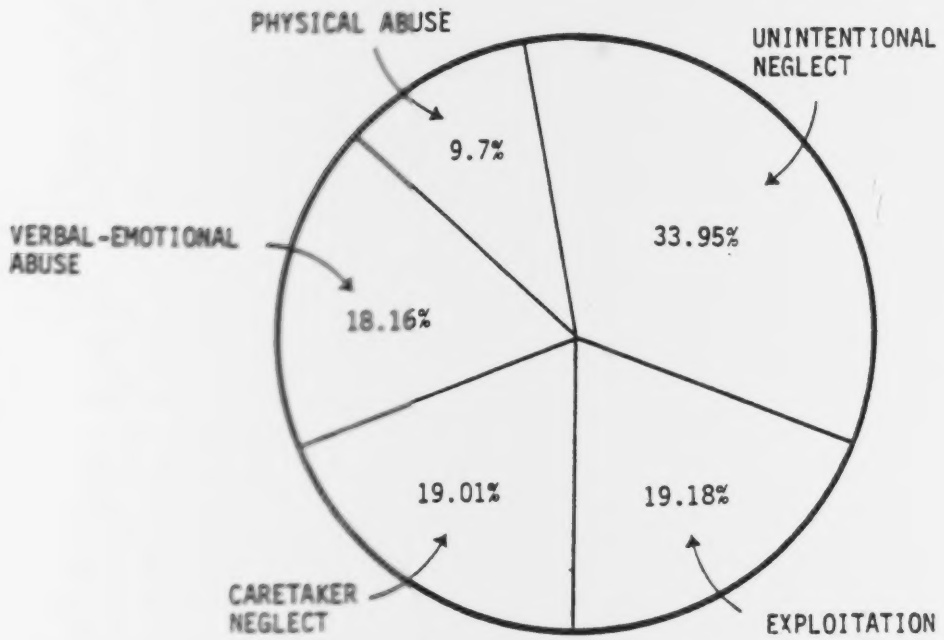
ALL INFORMANTS--CONTACT WITH ABUSE

Seven hundred sixty-nine of the 1,653 key informants who returned questionnaires reported that since January 1, 1985, they have had experience with an abuse or neglect situation: 54% reported no contact, 24% had between one and five contacts, and 22% reported having contact with more than five instances of elder abuse. The 1,653 respondents had contact with over 11,000 instances of elder abuse since January 1985. As shown in Figure 2, unintentional neglect was the most frequently encountered type of elder abuse. The respondents reported 3,762 incidents. Physical abuse was the least frequently reported; 1,075 incidents were recorded. It is important to remember that these counts indicate the types of cases with which the key informants had contact. **They do not indicate the incidence of elder abuse or the relative frequency with which the different types of abuse occur.**

When representatives from agencies (i.e., sheriff's departments, home health agencies, and senior centers) are excluded from the calculations, the number of incidents reported decreases (from over 11,000 to 8,200) but the proportion of professionals who have experience with elder abuse does not change greatly. Just over 55% report no contact with elder abuse, 24% had between one and five contacts, and 21% reported having contact with more than five incidents of elder abuse. Figure 2 shows that unintentional

neglect remains the most frequently experienced (2840 incidents) and physical abuse remains the least frequently experienced (689 incidents).

Figure 2: Types of Abuse Seen by Respondents



ALL INFORMANTS--SERVICES PROVIDED

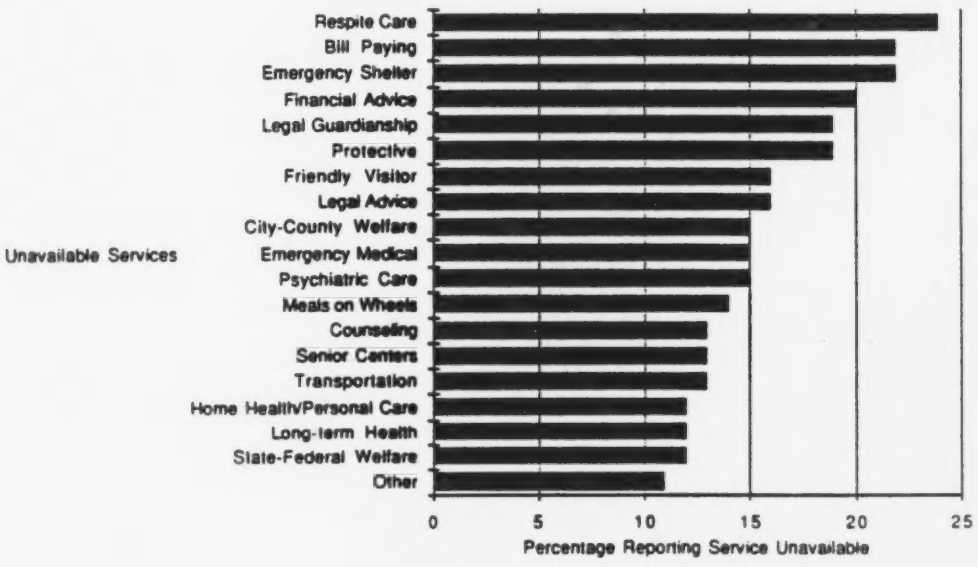
Emergency medical services, transportation, social casework-counseling, and home health and personal care were the four services most frequently provided by the key informants.

ALL INFORMANTS--SERVICES LACKING

Of the 769 respondents who had contact with elder abuse cases, 181 could not find respite care services. One hundred sixty-nine reported an inability to obtain emergency shelter and bill paying services. Financial advice was reported to be unavailable by 154 of the 769 respondents. Figure 3 lists the 19 services and the percent of respondents who were unable to obtain services needed by an abused elder.

Figure 3.

Percentage Who Could Not Obtain Needed Services



Note: percentage computed as percent of the 769 professionals who had contact with at least 1 incident of elder abuse.

Services lacking combined three reasons why services were not available to an abused elder.

1. The service does not exist in the community.
2. The service exists, but it was not available when it was needed. For example, respite care might not be available on weekends, or legal advice might not be available on an emergency basis.
3. The service was available, but not to the elder that the professional was helping. For example, the elder might not meet local welfare service criteria.

Over 48% of the 769 professionals who reported experience with elder abuse had at least one experience in which they were unable to obtain services needed for an abused elderly person. Of the 367 professionals who had experience with five or fewer instances of abuse, 95 (24%) were unable to obtain one or more needed services. The 402 professionals who reported experience with more than five instances of abuse had a much higher likelihood of being unable to obtain needed services. Nearly 72% (288) had difficulty obtaining at least one service, and many reported problems obtaining several services.

ALL INFORMANTS--PERCEIVED CAUSES

Comparisons of those who have experience with abuse and those who do not revealed differences in the strength of their opinions about the causes of abuse and caregiver neglect: those with experience agreed more strongly with each statement of possible cause. However, there were no major differences in relative ranking of the causes. Asked about 12 possible causes of abuse, the respondents were in strongest agreement that abuse and caregiver neglect are the result of--

1. caregiver alcohol and drug problems, and
2. overburdened caregivers.

When asked about the causes of unintentional neglect, the key informants indicated that they thought it was the result of--

1. no family living nearby,
2. social isolation of the elderly,
3. elderly with emotional problems, and
4. elderly who are difficult to get along with.

ALL INFORMANTS--MOST HELPFUL SERVICES

Each respondent was asked to identify one of the 25 services as most important in addressing each of the five types of abuse and neglect. The services cited by more than 10% of the respondents are:

Physical Abuse:

24.0%	Protective Services for Adults
21.2%	Emergency Medical Treatment
14.7%	Emergency Shelter
14.3%	Elder Abuse Hotline

Verbal/Emotional Abuse:

31.2%	Social Casework/Counseling
13.3%	Protective Services for Adults
10.0%	Elder Abuse Hotline

Exploitation:

29.5%	Legal Advice or Assistance
13.2%	Protective Services for Adults
12.4%	Financial/Money Management
11.2%	Legal Guardianship

Caregiver Neglect:

19.0%	Respite Care to Relieve Caregivers
12.7%	Protective Services for Adults
11.5%	Home Health and Personal Care Services
10.9%	Social Casework/Counseling

Unintentional Neglect:

13.2%	Social Casework/Counseling
12.5%	Home Health and Personal Care Services
10.7%	Friendly Visitors

COMPARISONS AMONG PROFESSIONS

This subsection is organized to facilitate comparisons across professions. The data are limited to highlights. Detailed tabulation of responses across professions can be found in the Appendix C. The tables are organized to answer the questions about elder abuse in the same order addressed in this subsection of the findings.

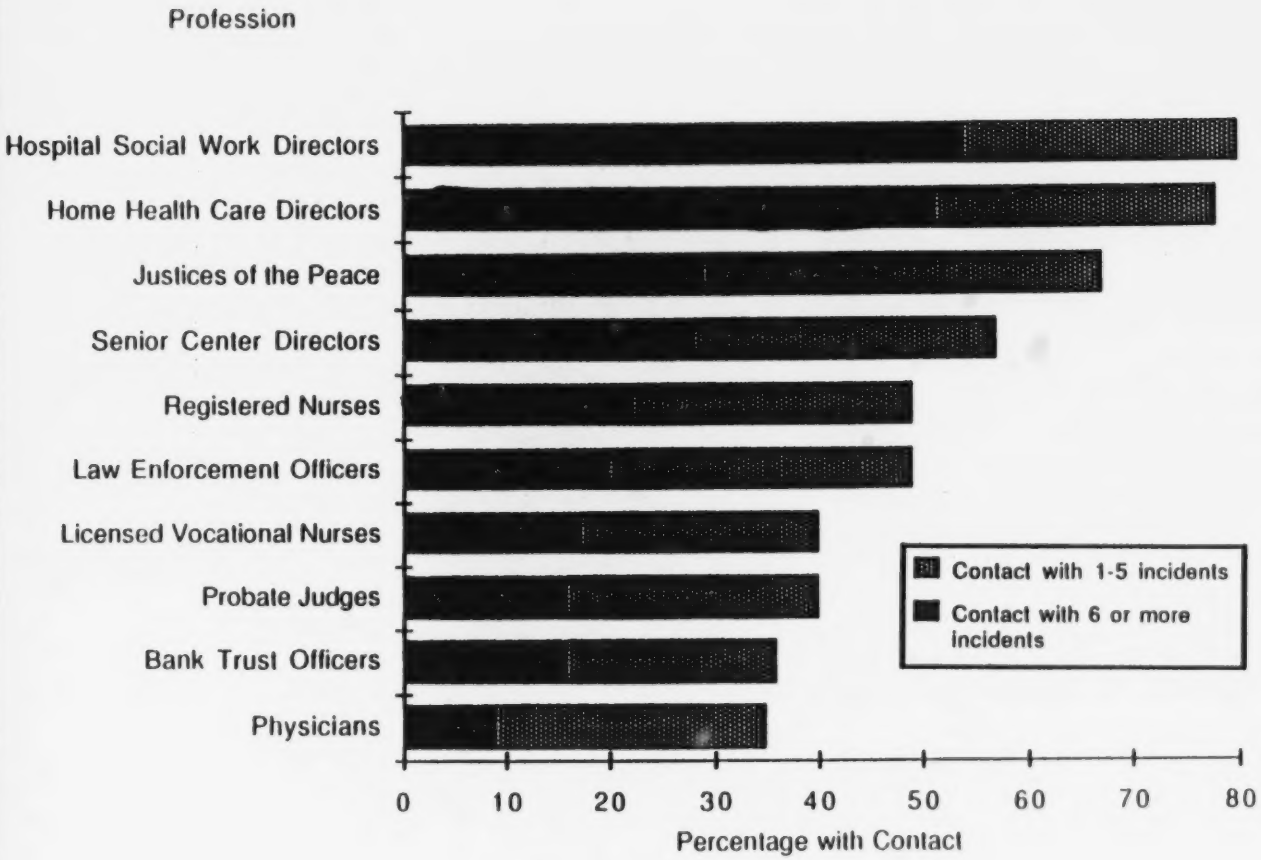
Looking across professions, the respondents are distributed among each of the five types of demographic areas, ranging from rural to large cities. Justices of the peace and law enforcement agencies tend to be located in small cities, and physicians and RNs tend to be concentrated in large cities. Responses from members of the other professions are approximately evenly distributed among the five demographic areas.

COMPARISON--CONTACT WITH ABUSE

Figure 4 shows the percent of professionals reporting experience with elder abuse and neglect. Experience ranged from 80% for hospital social work directors to 34% for physicians. Home health care directors and justices of the peace also reported high rates of experience with abuse, 78% and 67% respectively. Overall, members of the ten professions have high levels of experience with elder abuse.

The relatively low rate of experience reported by physicians is particularly notable. Only physicians whose specialties included working with elderly (i.e., gerontology, emergency medicine, internal medicine, family practice, and general practice) were surveyed, and 95% of the physicians reported that they work with elderly. Therefore, it is surprising that so few physicians reported experience with elder abuse.

Figure 4. Contact with Elder Abuse:
Comparison among Ten Professions



Physical Abuse Seen Least Often

For all but one profession, law enforcement, physical abuse was the form of abuse least frequently encountered. Law enforcement representatives most frequently encountered physical abuse (20%) and bank trust officers least frequently (3%). Only 5% of elder abuse encountered by physicians and senior center directors was physical abuse. Based on the experience of these professionals, it is likely that physical abuse is the least frequent form of elder abuse.

Unintentional Neglect Seen Most Often

All of the professions had high rates of experience with unintentional neglect. The professionals engaged in working with the elderly daily--senior center directors, home health care agencies, and hospital social work directors--have the highest rates of experience with unintentional neglect. These findings indicate that unintentional neglect is the most frequent form of elder abuse.

COMPARISON--SERVICES PROVIDED

The next five paragraphs include information on the frequency with which respondents provided, used, or needed 20 services to address an elder abuse situation. The findings are based on responses from professionals who reported having had experience with elder abuse.

Services Consistent with Professions

The services provided most frequently by the respondents are generally consistent with their professions. For example, a large portion of physicians reported providing emergency medical services, and bank trust officers provided financial advice and bill paying services.

Substantial Levels of Service

Members of the ten professions are providing substantial levels of service. Some of these services may not be recognized or measured by agencies assigned to address the problem of elder abuse. This is especially true for services that are serving to prevent abuse. For example, 31% of

justices of the peace report providing friendly visitor services. It is unlikely that these services are formally recorded. Also, justices of the peace are probably not thought of as a resource for this service.

Transportation Offered by LVNs, Police

Licensed vocational nurses and law enforcement officers reported providing a substantial amount of transportation. The survey provides no information concerning the reasons why these professionals might be providing transportation to victims of abuse. But, considering the services provided by these two professions raises a question. While there is no apparent conflict in having LVNs provide transportation, transporting elderly does not seem consistent with the mission of a law enforcement officer.

Social Casework by RNs

Among registered nurses, 34% reported providing social casework-counseling services to abused elderly. They could have identified friendly visiting, so it is probable that they are providing more than the services of a visitor. If it is appropriate for RNs to provide social casework-counseling services, it might be worthwhile to provide training and or specialized support for this activity. If it is not appropriate, a resource to replace that function of theirs should be made available.

Services by Senior Centers

Only 57% of senior center directors had experience with elder abuse, and directors with experience provide a large amount of meals on wheels and friendly visitor services to victims of elder abuse. Senior centers and the services provided by senior centers are important resources for addressing and preventing elder abuse. It seems somewhat puzzling that so few senior center directors report experience when the centers frequently provide such important services?

COMPARISON--OTHER SERVICES USED

The professions most frequently used **long-term health services, social casework-counseling, and home health-personal care** to help address elder abuse situations. With the exception of hospital social work directors, they did not report relying heavily on adult protective services (APS). This may be because the cases originated with APS, or because they view APS as primarily an investigative service. Where APS is the primary or proper channel of access to heavily used services, members of the professions surveyed should be informed of the appropriate procedures.

COMPARISON--SERVICES LACKING

Another important indicator of what services are needed to address the problem of elder abuse is responses to the question "what services did you need but were unable to obtain."

Respite Care, Emergency Shelter

The professions reported the most difficulty in obtaining respite care and emergency shelter, services that are known to be important in reducing elder abuse.

Protective Services, Bill Paying

They also reported a high level of difficulty in obtaining adult protective services and bill paying services. **Adult protective services are mandated statewide, but funding is inadequate to meet peak demands,** especially in rural areas where travel expenses are high and other services to help address the problem are in short supply. The high level of need reported by a large portion of professionals, in particular home health care agencies and physicians, indicates that the need for APS may be even greater than we know. It also might indicate that some professions have unrealistic expectations concerning APS.

Bill paying services were frequently **identified as needed but not available** by four professions--justices, physicians, RNs, and hospital social work directors. Over two-thirds of bank trust officers who had experience with abuse reported that they provide bill paying services. Trust officers'

comments indicate that such services are inexpensive, are a service of most banks, and that the services are available from tellers as well as trust officers. At least four professions are (1) not aware of these services, (2) cannot locate them, or (3) have experience that is contrary to trust officers' reports.

In the first instance, the professionals need to be informed that the services are available. If they cannot locate them they should be told how to access them. It is likely that such services are available under many different names; for example, automatic deduction, bank by mail, and pay by phone. If inexpensive bill paying services are not available or are not useful as they are marketed, bankers should be informed. It is clear that many trust officers are interested and see bill paying services as an important bank service for victims, or potential victims, of abuse.

SUMMARY--SERVICES PROVIDED, USED, AND LACKING

Individuals from each of the professions report a high level of providing, using, and needing services to address elder abuse situations. Their responses indicate that there is not nearly enough service available to meet current needs. The cited lack of bill paying services and the fact that bank trust officers are providing this service indicates that there are some untapped resources. But the sheer volume of the need reported and the scarcity of situations where some untapped resources are available show that there is a need for more and new services. Hot lines, coordination, and information and referral will not be adequate to meet the needs of abused elders.

COMPARISON--PERCEIVED CAUSES

A review of the literature identified 12 possible causes of elder abuse and caregiver neglect and 10 possible causes of unintentional neglect.[3]

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[3] Some surveys listed "lack of support services" without "Lack of." Because of this omission, this item was omitted from the analysis of causes of unintentional neglect. Only 9 causes of unintentional neglect were analyzed.

Respondents from each of the professions indicated the extent to which they thought each cause a likely or unlikely cause of the problem. The findings concerning causes of abuse and caregiver neglect are presented first.

Causes of Abuse and Neglect

Respondents chose from the following list of possible causes:

1. Caregivers abused as children
2. Caregivers' emotional problems
3. Caregivers' financial crises
4. Caregivers' personal crises
5. Caregivers' alcohol-drug problem
6. Elderly with emotional problems
7. Poverty
8. Social isolation of caregivers
9. Social isolation of victims
10. Overburdened caregivers
11. Lack of assistance for caregivers
12. Poor family dynamics

Disbelief in "Cycle of Violence." Justices of the peace and law enforcement agency representatives rated caregivers abused as children as not being a likely cause of elder abuse. No professional group rated caregivers abused as children as one of the three most likely causes. This would indicate that there is little support for the "cycle of violence" explanation for elder abuse. As one researcher observed, "if they were beaten as children they are more likely to abandon their elderly parents than act as caregivers, even abusive caregivers."

Highest-Rated Causes. The cause that was most highly rated was caregivers' alcohol or drug problem, followed by overburdened caregivers, social isolation of victims, and lack of assistance for caregivers.

Contrasts in Viewpoints: Daily v. Occasional Contact. The professionals who work with elderly on a daily basis (home health care

agencies, licensed vocational nurses, senior center directors, and hospital social work directors) rated overburdened caregivers very high. The other professionals tended to rate caregivers' alcohol or drug problem as the most likely cause of elder abuse and neglect. This would indicate that professionals who work most often with elderly people are likely to support respite care and other services to reduce the caregiver's burden. The other professions may be sources for supporting drug and alcohol services focused on perpetrators of elder abuse.

Another difference between the opinions of these two groups is that the professionals who work with elderly most often and had the most experience with elder abuse identified a situational cause, overburdened caregivers. The other professionals identified an individual problem, caregivers' alcohol and drug problems, as a most likely cause of abuse. This difference could be an indication that professionals whose functions do not include a focus on elderly people or elder abuse are identifying more proximate or apparent causes. To achieve a preventive focus may require educating these professionals to the root causes, rather than the proximate causes of abuse.

Causes of Unintentional Neglect

Respondents chose from the following list of possible causes:

1. Family crises
2. No family living nearby
3. Elderly with alcohol-drug problem
4. Elderly with emotional problems
5. Poverty
6. Elderly difficult to get along with
7. Lack of assistance for caregivers
8. Social isolation of elderly
9. Poor family dynamics

Highest-Rated Cause. Of the nine possible causes, most professionals agreed that no family living nearby is the most or second most likely cause of unintentional neglect.

A Situational Problem. These findings and the ratings given the other possible causes support the observation that **unintentional neglect is not seen as a problem caused by individuals but as a problem that results from circumstances beyond the control of the elderly person or other potentially responsible adults.** In other words, the types of explanations supported as likely causes are generally social or health situations rather than difficulties with the family, the caregiver, or the elderly person.

COMPARISON--MOST HELPFUL SERVICES

The respondents were asked which of 25 services they felt was the most important to address each of the five types of elder abuse (see Table 2). The following short subsections summarize the findings for each type of abuse for the 10 professions.

Services for Physical Abuse

Every profession identified adult protective services as one of the most important services to address the problem of physical abuse. The next most frequently identified service was emergency medical treatment. Emergency shelter and elder abuse hotline were also frequently identified as most important by several professionals.

Services for Emotional Abuse

Nine of the ten professions identified social casework-counseling as the most important service to address the problem of emotional abuse of the elderly. Hospital social work directors identified adult protective services as most important, and four professions placed it as second most important. Respite care and elder abuse hotline were each rated as most important by a substantial portion of two professions.

Table 2: The Opinions of All Professionals Concerning the Most Important Services to Address the Five Types of Elder Abuse

Type of Abuse	Most Important Service	% of Respondents
Physical	Protective Services for Adults	24%
	Emergency Medical Treatment	21%
	Emergency Shelter	15%
	Elder Abuse Hotline	14%
Emotional	Social Casework-Counseling	31%
	Protective Services for Adults	13%
	Elder Abuse Hotline	10%
	Respite Care to Relieve Caregivers	8%
Exploitation	Legal Advice or Assistance	30%
	Protective Services for Adults	13%
	Financial/Money Management	12%
	Legal Guardianship	11%
Caregiver Neglect	Respite Care to Relieve Caregivers	19%
	Protective Services for Adults	13%
	Home Health and Personal Care Services	12%
	Social Casework/Counseling	11%
Unintentional Neglect	Social Casework/Counseling	13%
	Home Health and Personal Care Services	13%
	Friendly Visitors	11%
	Community Education	9%

Services for Exploitation

A substantial portion of the members of nine professions identified legal advice or assistance as most important to address the problem of exploitation. The tenth group of professionals, bank trust officers, identified financial-money management advice as most important. This split may represent the preoccupation of bank trust officers with their services. On the other hand, it may represent an untapped service resource. More importantly, inexpensive advice is primarily a preventive service. It may be worthwhile to explore banks as a resource.

Adult protective services was identified as most important to address exploitation by a substantial percentage of the respondents from 5 of the 10 professions. Legal guardianship was also frequently identified by members of 2 professions.

Services for Caregiver Neglect

Respite care and adult protective services were named as most important to address the problem of caregiver neglect. Social casework-counseling and home health-personal care were rated highly by members of four professions each. Elder abuse hotline was identified as most important by a substantial portion of two professions.

Services for Unintentional Neglect

There is little agreement among respondents from the professions on the most important service to address the problem of unintentional neglect. The greatest concentration of most important ratings was for social casework-counseling. It was identified as most important by a small but notable portion of members of five professions and a substantial portion of hospital social work directors.

Summary--Services for Five Types of Abuse

The five types of abuse have unique service needs as reported by the professions. There were also services that were identified as most important across several types of elder abuse and neglect. Adult protective services was identified as a most important service to address four of the five categories of abuse. The one category where APS was not identified by a substantial portion of most professions was unintentional neglect. This may indicate a need for educating the public to the fact that a large portion of the APS caseload is unintentional neglect cases and/or that APS provides social casework and counseling to victims of unintentional neglect.

OVERALL FINDINGS

Five overall findings, can be identified. First, the largest portion of abuse and neglect is unintentional neglect, the type of abuse least understood and possibly the hardest problem to address. The causes of the problem are not simple and neither are the solutions. Second, respite care is largely unavailable and is important to preventing as well as addressing instances of caregiver neglect. Third, professionals are aware that elder abuse and neglect is usually a product of circumstances, rather than a problem of bad people who must be punished. Fourth, very few of the professionals reported that legislating filial responsibility was most important in addressing elder abuse. Fifth, the role and functions of adult protective services may not be clear to many professionals, but they recognize it as a key service which is too frequently difficult to obtain.

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APPENDICES

APPENDIX A: SURVEY INSTRUMENT

APPENDIX B: FINDINGS FROM EACH OF THE TEN PROFESSIONS

APPENDIX C: TABULAR SUMMARY OF SURVEY RESPONSES BY PROFESSION

APPENDIX A: SURVEY INSTRUMENT

SURVEY OF TEXAS PROFESSIONALS

ON ELDER ABUSE & NEGLECT

CONDUCTED FOR
THE TEXAS SELECT SUBCOMMITTEE ON ELDER ABUSE

SPONSORED BY
THE AUSTIN GRAY PANTHERS

WITH THE SUPPORT OF
THE INSTITUTE OF HUMAN DEVELOPMENT & FAMILY STUDIES
SOUTHWEST LONG TERM CARE GERONTOLOGY CENTER
TEXAS DEPARTMENT OF HUMAN SERVICES

ELDER ABUSE SURVEY

GENERAL INSTRUCTIONS:

o For the purposes of this survey, abuse of elderly refers to:

- **PHYSICAL ABUSE** - Elderly person is confined, hit or molested.
- **VERBAL/EMOTIONAL ABUSE** - Elderly person is insulted, humiliated or threatened.
- **EXPLOITATION** - Illegal or improper use of an elderly person's money, property or other resources.
- **CARETAKER NEGLECT** - Resources necessary for daily living are not provided.
- **UNINTENTIONAL NEGLECT** - The elderly person is isolated and/or lacks minimal basic resources.

o Please answer every question. You may write comments in the margins and in the comment section at the end of the questionnaire.

o **We want to know your honest opinions.** Please do not put your name on the questionnaire.

o Most of the questions ask that you circle one of the several numbers that appear on a scale beside the item. **You are to choose the one number that best matches the description of how you feel about the item.**

o The scale descriptions are **not** the same in all parts of the questionnaire. Please be sure to read the instructions that appear with each section.

THANK YOU FOR PARTICIPATING

Copyright April 1986

SECTION I: EXPERIENCE WITH ELDER ABUSE

People in your profession may be more likely than the average citizen to be aware of abuse, neglect or exploitation of the elderly.

In this section, we want to learn about your experience.

1. What percent of your work time involves elderly people?

   [1] NONE
   [2] LESS THAN 25%
   [3] 25 TO LESS THAN 50%
   [4] 50 TO LESS THAN 75%
   [5] 75 TO 100%
   [6] UNABLE TO ESTIMATE

2. **Since JANUARY 1985**, in work and non-work situations, have you encountered at least one incident of suspected or known elder abuse/neglect? **(Please circle the correct answer).**

   [1] NO — IF NO, SKIP TO SECTION II, PAGE 3 ⟶
   [2] YES — IF YES, CONTINUE ⟶

3. Abuse of elderly can take many forms. Five types of abuse/neglect frequently identified in state legislation and research are listed below.

   For each type of abuse, please indicate the **approximate number** of instances of elder abuse you have encountered **since January 1985**. A victim of elder abuse may be counted in more than one type. But, please list that person only one time in each of the appropriate spaces.

   For example, you encounter a person who is **frequently** verbally abused and who has been exploited. You would count that person **once** under "B" - verbal/emotional abuse (even though it has occurred a number of times) and **once** under "C" - exploitation.

	APPROXIMATE NUMBER	TYPE OF ABUSE
A.	_____	**PHYSICAL ABUSE** - The elderly person is confined, hit, molested, sexually abused, cut or burned.
B.	_____	**VERBAL/EMOTIONAL ABUSE** - Elderly person is insulted, frightened, humiliated or threatened.
C.	_____	**EXPLOITATION** - Illegal or improper use of an elderly person's money, property, or other resources by another for personal gain.
D.	_____	**CARETAKER NEGLECT** - Resources necessary for daily living, such as food and medicine, are not provided by individuals acting as caretakers.
E.	_____	**UNINTENTIONAL NEGLECT** - No person is acting in the role of caretaker. The elderly person is alone, isolated, forgotten, and/or lacks minimal basic resources.

BRIEFLY describe the most recent incident of elder abuse, exploitation, or neglect you have encountered (may be continued in comment section at end of questionnaire or added pages).

SECTION I: EXPERIENCE WITH ELDER ABUSE (CONTINUED)

Here is a list of services that people use to deal with elder abuse. Please read each service description. Have you needed or used that service to help with a case of elder abuse? If so, circle ALL the appropriate numbers to the right of that service.

First, if service was provided, tell us who provided the service.
- If you provided the service, circle [1], YOU.
- If service was provided, but not by you, circle [2], OTHER.

Next, if there were problems obtaining needed services, use colums 3, 4 and 5 to identify those problems.
- If provider refused to provide services, circle [3] REFUSED.
- If service was temporarily unavailable (ex. closed) or was not accessible (ex. no transportation), circle [4] NOT AVAIL.
- If there was no such service, circle [5] NONE.

	SERVED		PROBLEMS		
SERVICES:	YOU	OTHER	REFUSED	NOT AVAIL	NONE
1. Emergency Medical Treatment	[1]	[2]	[3]	[4]	[5]
2. Long-Term Health Care/Nursing Home	[1]	[2]	[3]	[4]	[5]
3. Emergency Shelter	[1]	[2]	[3]	[4]	[5]
4. Transportation Services	[1]	[2]	[3]	[4]	[5]
5. Respite Care/Adult Day Care to relieve caregivers	[1]	[2]	[3]	[4]	[5]
6. Protective Services for Adults (DHS)	[1]	[2]	[3]	[4]	[5]
7. Social Casework/Counseling	[1]	[2]	[3]	[4]	[5]
8. Legal advice or assistance	[1]	[2]	[3]	[4]	[5]
9. Legal Guardianship	[1]	[2]	[3]	[4]	[5]
10. Bill paying services	[1]	[2]	[3]	[4]	[5]
11. Financial/money management advice	[1]	[2]	[3]	[4]	[5]
12. Home Health and/or Personal Care Services	[1]	[2]	[3]	[4]	[5]
13. Meals on Wheels	[1]	[2]	[3]	[4]	[5]
14. Friendly Visitors	[1]	[2]	[3]	[4]	[5]
15. City/County Welfare (such as emergency food voucher)	[1]	[2]	[3]	[4]	[5]
16. State/Federal Welfare (e.g., Food Stamps or Supplemental Security Income	[1]	[2]	[3]	[4]	[5]
17. Senior Centers	[1]	[2]	[3]	[4]	[5]
18. Psychiatric Treatment	[1]	[2]	[3]	[4]	[5]
19. OTHER/please specify: _____	[1]	[2]	[3]	[4]	[5]
_____					
20. OTHER _____	[1]	[2]	[3]	[4]	[5]

SECTION II: CAUSES AND CONDITIONS OF ELDER ABUSE AND NEGLECT

A number of statements expressing various opinions about elder abuse and neglect are listed below. The first 12 items refer to abuse and intentional neglect. Items 13 to 22 only refer to unintentional neglect. Please indicate your level of agreement or disagreement with each statement. **Circle the appropriate number beside each statement using the seven-point scale.**

ABUSE/INTENTIONAL NEGLECT OF ELDERLY ARE THE RESULT OF:	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE
1. Caretakers who were abused as children.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
2. Caretakers with emotional problems.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
3. Caretakers' financial crises	[1]	[2]	[3]	[4]	[5]	[6]	[7]
4. Caretakers' personal crises.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
5. Caretakers with alcohol/drug problems.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
6. Elderly with emotional problems or mental impairment.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
7. Poverty.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
8. Social isolation of caretakers.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
9. Social isolation of victims.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
10. Overburdened and frustrated caretakers.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
11. Lack of assistance for caretakers.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
12. Poor family dynamics.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]

Next, statements expressing various opinions about **unintentional neglect** are listed.

UNINTENTIONAL NEGLECT OF ELDERLY IS THE RESULT OF:							
13. Family crises.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
14. No family living near victim.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
15. Elderly with alcohol/drug problems.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
16. Elderly with emotional problems or mental impairment.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
17. Poverty.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
18. Elderly who are difficult to get along with...	[1]	[2]	[3]	[4]	[5]	[6]	[7]
19. Lack of assistance for caretakers.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
20. Social isolation of elderly.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
21. Poor family dynamics.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]
22. Lack of Community Support Services (e.g., Home Health Care;.....	[1]	[2]	[3]	[4]	[5]	[6]	[7]

SECTION III: RESPONSES TO ELDER ABUSE & NEGLECT

Here is a list of interventions that may be used to deal with elder abuse. How important do you think each intervention is? **Please circle the response that is closest to your opinion.**

HOW IMPORTANT IS:	UNIMPORTANT	SOMEWHAT IMPORTANT	IMPORTANT	VERY IMPORTANT	EXTREMELY IMPORTANT
1. Emergency Medical Treatment.....	[1]	[2]	[3]	[4]	[5]
2. Low Cost Medical Treatment.....	[1]	[2]	[3]	[4]	[5]
3. Long-Term Care.....	[1]	[2]	[3]	[4]	[5]
4. Emergency Shelter.....	[1]	[2]	[3]	[4]	[5]
5. Transportation services.....	[1]	[2]	[3]	[4]	[5]
6. Respite care to relieve caregivers.....	[1]	[2]	[3]	[4]	[5]
7. Protective Services for Adults.....	[1]	[2]	[3]	[4]	[5]
8. Social Casework/Counseling.....	[1]	[2]	[3]	[4]	[5]
9. Legal advice or assistance.....	[1]	[2]	[3]	[4]	[5]
10. Legal Guardianship.....	[1]	[2]	[3]	[4]	[5]
11. Bank by phone bill paying, direct deposit....	[1]	[2]	[3]	[4]	[5]
12. Financial/money management advice.....	[1]	[2]	[3]	[4]	[5]
13. Home Health & Personal Care.....	[1]	[2]	[3]	[4]	[5]
14. Meals on Wheels.....	[1]	[2]	[3]	[4]	[5]
15. Friendly Visitors.....	[1]	[2]	[3]	[4]	[5]
16. City/County Welfare (e.g., emerg food voucher)	[1]	[2]	[3]	[4]	[5]
17. State/Federal Welfare (e.g., Food Stamps or Supplemental Security Income.....	[1]	[2]	[3]	[4]	[5]
18. Senior Centers, Recreation & Socialization...	[1]	[2]	[3]	[4]	[5]
19. Psychiatric treatment.....	[1]	[2]	[3]	[4]	[5]
20. Nutrition/Dining Centers.....	[1]	[2]	[3]	[4]	[5]
21. Community Education Program.....	[1]	[2]	[3]	[4]	[5]
22. Elder Abuse Hotline.....	[1]	[2]	[3]	[4]	[5]
23. Information & Referral Service.....	[1]	[2]	[3]	[4]	[5]
24. Legislate Children's Responsibility for Parents.....	[1]	[2]	[3]	[4]	[5]
25. Subsidized Low Cost Housing.....	[1]	[2]	[3]	[4]	[5]

A service may be more helpful for some types of abuse or neglect than for others. For each of the five categories of abuse, which of the 25 services listed on page 4 (opposite page) do you think is most helpful? Please write in one service number (1-25) for each category.

MOST HELPFUL SERVICE:

_____ PHYSICAL ABUSE

_____ VERBAL/EMOTIONAL ABUSE

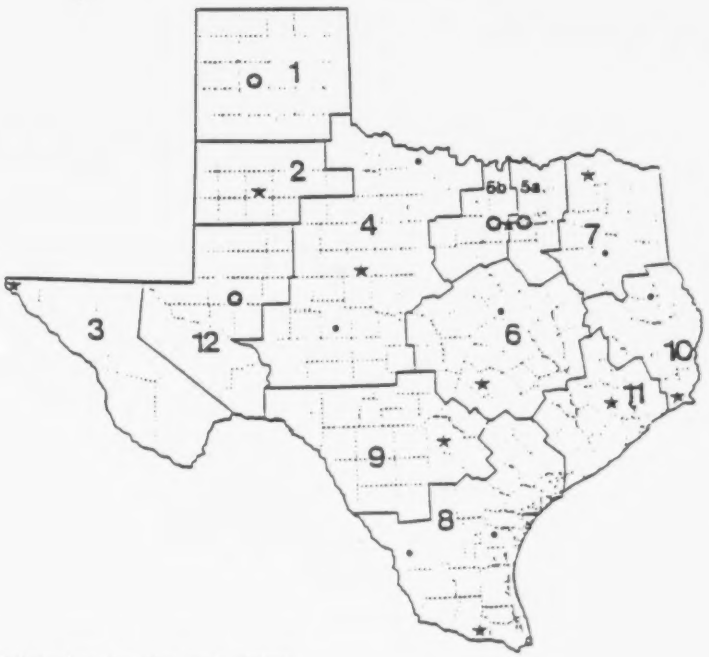
_____ EXPLOITATION

_____ CARETAKER NEGLECT

_____ UNINTENTIONAL NEGLECT

SECTION IV:

DEMOGRAPHICS



WHICH REGION INCLUDES THE AREA YOU SERVE? Referring to the map above, please circle one of the 12 regions listed below.

[1] Region 01, **AMARILLO**

[2] Region 02, **LUBBOCK**

[3] Region 03, **EL PASO/BIG BEND**

[4] Region 04, **ABILENE/WICHITA FALLS**

[5] Region 05, **DALLAS/FORT WORTH**

[6] Region 06, **AUSTIN/WACO**

[7] Region 07, **PARIS/LONGVIEW/TYLER**

[8] Region 08, **CORPUS CHRISTI/MCALLEN**

[9] Region 09, **SAN ANTONIO**

[10] Region 10, **BEAUMONT/NACOGDOCHES**

[11] Region 11, **HOUSTON**

[12] Region 12, **MIDLAND/ODESSA**

Which of the following best describes the area in which you work?

[1] LARGE CITY, 250,000+ POPULATION

[2] MEDIUM SIZE CITY, 50,000 TO LESS THAN 250,000 POPULATION

[3] SUBURB NEAR A LARGE CITY

[4] SMALL CITY, LESS THAN 50,000

[5] PRIMARILY FARMS AND/OR RANCHES

This completes the questionnaire. We would appreciate any comments you would like to make. We are especially interested in:

- o Examples or explanation that will help us to understand problems you face in dealing with abuse/neglect of elderly,
- o Recommendations and examples of ways to prevent abuse and neglect, and
- o Any other information that you think will help us understand this problem.

When you have finished, please return the questionnaire in the postage paid envelope. Also, please mail the enclosed participation post card.

THANK YOU VERY MUCH FOR PARTICIPATING.

COMMENTS:

APPENDIX B: FINDINGS FROM EACH OF THE TEN PROFESSIONS

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RESPONSES OF BANK TRUST OFFICERS

Bank trust officers tended to be working in cities. Over one-third of bank trust officers reported experience with elder abuse. Most of the trust Officers who reported experience with abuse (78%) had dealt with cases of exploitation. They identified caregivers' emotional problems and caregivers' alcohol-drug problem as the most likely causes of abuse and caregiver neglect. When asked which services are most important to addressing the problem of exploitation of elderly, they reported that a service they provide, financial-money management advice is most important. The trust officers also reported that legal advice and legal guardianship are important and difficult to obtain.

The Texas Bankers Association provided support in identifying and surveying association members who were bank trust officers. There were approximately 1,000 trust officers identified and 555 were sampled. Of the 555 sampled 40% (222) returned surveys before June 19, 1986, the survey cut-off date. Of the trust officers who responded, 63% work in banks serving large and medium-size cities in Texas. Less than 3% of the trust officers represent banks that serve suburbs or rural areas. The remaining bank trust officers work in banks serving small cities.

Bank trust officers from each of the 12 public health service regions completed the survey. A high proportion of the respondents are from regions 5, 6, & 11, which encompass large metropolitan areas. Regions 3 and 10 are more rural and have fewer respondents.

Only 17 of 222 trust officers report that they work primarily with people over 65 years of age, and 15 do not work with older clients. The largest response category, less than 25%, includes 41% of the trust officers. Over 41% reported that they work with elderly people between 25% and 75% of the time.

TRUST OFFICERS--CONTACT WITH ABUSE

Table B-1 shows that bank trust officers are most likely to encounter exploitation and least likely to encounter physical abuse. Of the respondents, 80 (36%) reported at least one experience with elder abuse.

Emotional abuse and unintentional neglect were the next most frequently experienced, with 40 trust officers (18%) reporting having experienced each type of abuse.

Table B-1: **Trust Officers' Experience with Five Types of Abuse**

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	11	15
Verbal & Emotional Abuse	40	104
Exploitation	63	254
Caregiver Neglect	24	50
Unintentional Neglect	40	94
Total	80	517

Based on returns from 222 trust officers.

TRUST OFFICERS--SERVICES PROVIDED

The trust officers reported that they were most likely to provide financial advice (54 trust officers) and bill paying service (43 trust officers) to victims of elder abuse. Of the 63 trust officers who reported that they provided services to victims, 20 provided friendly visitor service, 19 provided legal advice, and 17 acted in a legal guardianship role.

TRUST OFFICERS--OTHER SERVICES USED

Bank trust officers were most likely to have used long-term health services (44) to assist victims of elder abuse. Of the 69 trust officers who reported using services to assist victims, 35 used home health-personal care services, and 35 used legal advice services. They were least likely to have used protective services for adults to help victims.

TRUST OFFICERS--SERVICES LACKING

Trust officers had difficulty obtaining each of the 25 services listed in the questionnaire. They were most likely to report having been unable to obtain respite care services and protective services for adults.

TRUST OFFICERS--PERCEIVED CAUSES

The trust officers average responses to the twelve statements concerning the causes of elder abuse and caregiver neglect indicate they agree that each statement describes a cause of elder abuse. They agree that caregivers' emotional problems and caregivers' alcohol-drug problems are important causes. They disagree concerning two statements. First, officers who have experience with one or more types of abuse report that social isolation of victims is one of the three most important causes. Trust officers who do not report experience with abuse rate social isolation of victims sixth out of the 12 statements. Second, trust officers who report having had experience rated overburdened caregivers sixth while officers without experience rated that statement third.

No family living nearby was identified by trust officers as the most likely cause of unintentional neglect of elderly people. They also placed elderly difficult to get along with and social isolation of elderly as the second and third most likely causes.

TRUST OFFICERS--MOST HELPFUL SERVICES

Bank trust officers identified protective services for adults and elder abuse hotline as the most important services to address the problem of physical abuse of older people (see Table B-2). Two other services that were indicated by a large number of officers are emergency medical treatment and emergency shelter.

Social casework-counseling was the service most frequently identified as most important in addressing the problem of emotional abuse of elderly. Social casework-counseling was identified as most important by 71 of 199 respondents. Elder abuse hotline and protective services for adults were the second and third most frequently identified with 25 and 21 responses respectively.

Table B-2: **The Opinions of Bank Trust Officers Concerning the Most Important Services to Address the Five Types of Elder Abuse**

Type of Abuse	Most Important Service	% of Respondents
Physical	Protective Services for Adults	23%
	Elder Abuse Hotline	20%
	Emergency Medical Treatment	17%
Emotional	Social Casework-Counseling	36%
	Elder Abuse Hotline	13%
	Protective Services for Adults	11%
Exploitation	Financial-Money Management Advice	29%
	Legal Advice or Assistance	21%
	Legal Guardianship	17%
Caregiver Neglect	Respite Care	20%
	Friendly Visitor	10%
	Protective Services for Adults	9%
Unintentional Neglect	Friendly Visitor	19%
	Community Education Programs	13%
	Social Casework-Counseling	12%

Over 25% (54) of the respondents identified financial money management advice as the most important service to address the problem of exploitation of the elderly. Legal advice or assistance and legal guardianship were the second and third most frequently identified services.

Thirty-nine of 196 trust officers reported that respite care to relieve caregivers is the most important service to address the problem of caregiver neglect. Friendly visitors, protective services for adults, and elder abuse hotline were also frequently identified as most important.

The three services most frequently identified as most important to address the problem of unintentional neglect were (1) friendly visitors, (2) community education program, and (3) social casework-counseling.

RESPONSES OF HOME HEALTH CARE AGENCY DIRECTORS

Nearly four out of five home health agency respondents (78%) reported experience with elder abuse. Representatives of these agencies reported frequent use of meals on wheels, state/federal welfare, and protective services for adults to address the needs of abused elders. They reported that overburdened caregivers is a most important cause of elder abuse and caregiver neglect, and that social isolation is a most important cause of unintentional neglect. Home health and personal care and protective services for adults were listed as most important to meet the needs of abused elders.

The Association of Home Health Agencies provided support in identifying and surveying association members. There were 183 home Health care agencies identified and all were surveyed. Of the 183, 51% (94) returned surveys before June 19, 1986, the survey cut-off date. Fifty-seven percent of the home health care agencies that responded serve large and medium size cities in Texas. Suburbs and rural areas are served by 18% of the responding agencies.

The distribution of respondents across public health service regions shows that 11 of the 12 regions are represented. A high proportion of the respondents are from regions 5, 6, & 11, in which large metropolitan areas are located. Regions 3 and 10 are more rural and few agencies from these regions responded. No agencies were located in Region 12.

Most of the agencies (61%) report that 75% to 100% of their work is with elderly clients. Eight of the 94 agencies (8.5%) do not work with elders at all.

HOME HEALTH--CONTACT WITH ABUSE

Table B-3 shows that home health care agency representatives are most likely to encounter unintentional neglect and least likely to encounter physical abuse. Of the respondents, 73 (78%) reported at least one experience with elder abuse. Agencies that reported no experience with elder abuse are the ones that indicated little or no contact with people over 65 years of age.

Table B-3: **Home Health Respondents' Experience with Five Types of Abuse**

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	35	83
Verbal & Emotional Abuse	51	182
Exploitation	50	204
Caregiver neglect	56	350
Unintentional Neglect	59	669
Total	73	1488

Based on returns from 94 home health agency representatives.

HOME HEALTH--SERVICES PROVIDED

Of the 71 agency representatives who reported that they provided services to victims, 63 reported that they most frequently provided home health and personal care to victims of elder abuse. They also reported that 29 provided counseling, 17 provided emergency medical, and 17 provided transportation.

HOME HEALTH--OTHER SERVICES USED

Home health care agency representatives most frequently used meals on wheels to assist victims of elder abuse. Of the 66 representatives who reported using services to assist victims, 41 used state/federal welfare services, and 40 used protective services for adults services. They reported using emergency shelter and other home health and personal care services to help victims infrequently.

HOME HEALTH--SERVICES LACKING

Agency representatives had the most difficulty obtaining bill paying services. Friendly visitor, legal guardianship, and respite care were also identified as services that were frequently needed but not available.

HOME HEALTH--PERCEIVED CAUSES

The home health care agency representatives' responses to the 12 statements concerning the causes of abuse and caregiver neglect indicated agreement with each statement. Opinions on the importance of each cause differed according to experience with elder abuse. The difference between them is, respondents with experience of the problem rated overburdened caregivers as most important; respondents without such experience placed overburdened caregivers fourth in importance.

Experienced and inexperienced respondents reported different opinions on the causes of unintentional neglect. Home health agency respondents who reported experience with abuse identify no family living nearby, social isolation of the elderly, and poor family dynamics as the most likely causes of unintentional neglect. Respondents who did not report experience identify family crises and lack of assistance for caregivers as most likely causes.

HOME HEALTH--MOST HELPFUL SERVICES

Home health care agency representatives identify protective services for adults as the most important service to address the problem of physical abuse of the elderly (see Table B-4). Three other services that were indicated by a large number of representatives are elder abuse hotline, emergency medical treatment and emergency shelter.

Social casework-counseling was identified as the most important service to address the problem of emotional abuse by 29 of 85 respondents. Respite care and protective services for adults were the second and third most frequently identified with 13 and 12 responses respectively.

Respondents were most likely to identify legal advice or assistance as the most important service to address the problem of exploitation of elderly

individuals. Financial-money management advice and legal guardianship were the second and third most frequently identified services.

Table B-4: **The Opinions of Home Health Care Respondents Concerning the Most Important Services to Address the Five Types of Elder Abuse**

Type of Abuse	Most Important Service	% of Respondents
Physical	Protective Services for Adults	24%
	Elder Abuse Hotline	18%
	Emergency Medical Treatment	17%
	Emergency Shelter	15%
Emotional	Social Casework-Counseling	34%
	Respite Care	16%
	Protective Services for Adults	14%
Exploitation	Legal Advice or Assistance	27%
	Financial-Money Management Advice	14%
	Legal Guardianship	14%
Caregiver Neglect	Home Health and Personal Care	32%
	Respite Care	28%
	Protective Services for Adults	13%
Unintentional Neglect	Home Health and Personal Care	33%
	Community Education Programs	9%

Two services, home health and personal care and respite care, were identified by 27 and 23 agency respondents respectively as most important to address caregiver neglect. The next most frequently identified service was protective services for adults reported by 11 respondents.

Home health and personal care was identified as the most important service to address unintentional neglect by 28 home health care agency representatives. The next most frequent response was community education with 7 respondents identifying it as most important.

RESPONSES OF JUSTICES OF THE PEACE

Justices tend to be from small cities and rural areas. Two-thirds of them reported experience with elder abuse. The situations they dealt with were primarily emotional abuse and exploitation. They were most likely to turn to state/federal welfare services, and had the most difficulty finding respite care and bill paying services. They identified caregivers' drug-alcohol problem as the most likely cause of abuse and caregiver neglect; and elderly with emotional problems as the most likely cause of unintentional neglect. The justices identified protective services for adults as the service most important to address the needs of abused elders.

The Texas Association of Justices of the Peace provided support in identifying and surveying association members. There were 950 justices identified and 555 sampled. Of the 555 sampled, 23% (141) returned surveys before June 19, 1986, the survey cut-off date. The largest portion of justices who responded serve small cities (38%), and 24% serve rural areas in Texas. Only 11% of the justices responding work in large or medium size cities.

The distribution of respondents across public health service regions shows that each of the 12 regions is represented. A high proportion of the justices are from regions 4, 6, 7, and 8, areas in which there are a large number of small cities and farming communities. Region 11, which is primarily urban, and regions 2 and 3, which are sparsely populated, had the fewest respondents.

None of the justices reported that they work primarily with elderly people. The majority of the respondents, 55%, reported that they work with elderly people less than 25% of the time, and 19% indicated that they do not work with elderly at all.

JUSTICES OF THE PEACE--CONTACT WITH ABUSE

Table B-5 shows that of 141 respondents, 94 (67%) reported at least one experience with elder abuse. Justices encountered the largest number of instances of emotional abuse. Exploitation and unintentional neglect

were the next most frequently experienced types of abuse with justices reporting 179 instances of each. They had the least experience with physical abuse.

Table B-5: Experience of Justices of the Peace with Five Types of Abuse

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	47	97
Verbal & Emotional Abuse	65	191
Exploitation	71	179
Caregiver Neglect	40	101
Unintentional Neglect	47	179
Total	94	747

Based on returns from 235 justices.

JUSTICES OF THE PEACE--SERVICES PROVIDED

The justices reported having delivered every service on the survey list. They provided legal advice to victims of elder abuse most often. Of the 64 who reported that they provided services to victims, 20 provided friendly visitor, service and 16 provided transportation.

JUSTICES OF THE PEACE--OTHER SERVICES USED

Eighty justices reported using services to assist abused or neglected elderly. They reported using state/federal welfare, emergency medical, and transportation services most often. The services they report using least are respite care, financial advice, and friendly visitor services.

JUSTICES OF THE PEACE--SERVICES LACKING

At least one justice was unable to obtain each of the services listed. They reported that they could not find respite care and bill paying services most often. These services are followed closely by a reported lack of

emergency shelter, protective services for adults, legal guardianship, and financial advice.

JUSTICES OF THE PEACE--PERCEIVED CAUSES

The average responses to the 12 opinions concerning the causes of abuse and caregiver neglect indicate that justices agree that 11 of the 12 statements represent causes of elder abuse. A substantial portion of the justices do not agree that caregivers abused as children is a cause of elder abuse.

Justices who have experience with abuse reported the highest level of agreement with caregivers' alcohol-drug problem as a cause of elder abuse, followed by caregivers' personal crisis and elderly with emotional problems. Justices without experience of abuse agreed with experienced justices with regard to caregivers' alcohol-drug problem, and elderly with emotional problems but rated caregivers' personal crisis fifth.

Experienced and non-experienced justices disagreed about which statements they rated highest as causes of unintentional neglect. Justices who had experience with abuse agreed most strongly with the statements that elderly individuals with emotional problems and poverty are causes of unintentional neglect. The other justices were most likely to agree that no family living nearby and elderly difficult to get along with are causes.

JUSTICES OF THE PEACE--MOST HELPFUL SERVICES

Justices of the peace identified emergency medical treatment and protective services for adults as the most important services to address the problem of physical abuse of the elderly (see Table B-6). Two other services that were indicated by a large number of justices are elder abuse hotline and emergency shelter.

Table B-6: **The Opinions of Justices of the Peace Concerning the Most Important Services to Address the Five Types of Elder Abuse**

Type of Abuse	Most Important Service	% of Respondents
Physical	Emergency Medical Treatment	24%
	Protective Services for Adults	22%
	Elder Abuse Hotline	16%
	Emergency Shelter	13%
Emotional	Social Casework-Counseling	27%
	Protective Services for Adults	19%
Exploitation	Legal Advice or Assistance	35%
	Financial-Money Management Advice	12%
	Protective Service for Adults	12%
Caregiver Neglect	Respite Care	14%
	Protective Services for Adults	11%
	Home Health and Personal Care	11%
	Social Casework-Counseling	11%
Unintentional Neglect	Friendly Visitor	15%
	Social Casework-Counseling	13%
	Social Casework-Counseling	12%

Social casework-counseling was the service most frequently identified as most important in addressing the problem of emotional abuse of elderly. Thirty justices identified protective services for adults as the most important. Two services, friendly visitors and psychiatric care, were identified by 13 justices each.

Over 34% of the respondents (54 justices) identified legal advice or assistance as the most important service to address the problem of exploitation of the elderly. Protective services for adults and financial money management were each reported as most important by 17 justices. They are the second and third most frequently identified services.

Twenty-one of 152 justices reported that respite care to relieve caregivers is the most important service to address the problem of caregiver neglect. Protective services for adults, home health and personal care, and social casework-counseling were also noted often as most important.

The two services most frequently identified by justices as most important to address the problem of unintentional neglect are (1) friendly visitors and (2) social casework-counseling.

RESPONSES OF LAW ENFORCEMENT OFFICERS

Law enforcement offices tended to be located in small cities and rural areas. Nearly one-half (49%) of the respondents from law enforcement offices reported experience with elder abuse. They reported a high level of experience with each of the five types of abuse. The representatives reported a high rate of using services to address the problem of elder abuse and reported the highest rates of not being able to find services. They had the most difficulty obtaining financial advice or assistance, respite care, and legal guardianship. Caregiver alcohol-drug abuse was reported as the most likely cause of abuse and caregiver neglect. Poverty and social isolation of the elderly were identified as the most likely causes of unintentional neglect.

The Texas Commission on Law Enforcement Officers' Standards and Education (TCLEOSE) provided support in identifying and surveying association members. Representatives from approximately 1,000 law enforcement offices were identified and 555 were sampled. Of the 555 sampled 40% (220) returned surveys before June 19, 1986, the survey cut-off date. Approximately 48%, 105 of 220 of the law enforcement offices that responded serve small cities in Texas. Most of the remaining offices serve rural communities.

The distribution of offices across public health service regions shows that 11 of the 12 regions are represented. A high proportion of the respondents are from region 5. No law enforcement office in Region 3 responded.

No law enforcement respondents reported that they work primarily with elderly. Nearly 60%, 130 out of 220 respondents, reported that their office worked with elderly less than 25% of the time. Twenty-three representatives reported that they did not work with elderly at all.

LAW ENFORCEMENT--CONTACT WITH ABUSE

Table B-7 shows that of the respondents, 107 (49%) reported at least one experience with elder abuse. Emotional abuse was the most frequently encountered with caregiver neglect reported least frequently.

Table B-7: **Law Enforcement Representatives' Experience with Five Types of Abuse**

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	49	303
Verbal & Emotional Abuse	66	368
Exploitation	72	335
Caregiver Neglect	38	236
Unintentional Neglect	55	253
Total	107	1495

Based on returns from 220 law enforcement representatives.

LAW ENFORCEMENT--SERVICES PROVIDED

The law enforcement office representatives reported that they most frequently provided legal advice (34 offices) and transportation (20 offices) to victims of elder abuse. Of the 65 law enforcement representatives that said they provided services to victims, 14 provided friendly visitor service and 12 provided emergency medical service.

LAW ENFORCEMENT--OTHER SERVICES USED

Law enforcement representatives reported they most frequently used emergency medical services (75 respondents) to assist victims of elder abuse. Of the 102 offices that reported using services to assist victims, 56 used senior center services, and 56 used long-term health services. They reported a high rate of use for many other services to help victims.

LAW ENFORCEMENT--SERVICES LACKING

They needed and could not obtain most of the services listed in the questionnaire. They were most likely to report having been unable to obtain financial advice, respite care, and legal guardianship.

LAW ENFORCEMENT--PERCEIVED CAUSES

The respondents' average responses to the 12 statements concerning the causes of elder abuse and caregiver neglect indicate they agree that most of the statements represent a cause of elder abuse. They do not agree that caregivers abused as children is a cause of elder abuse and caregiver neglect. The respondents agree that caregivers' alcohol-drug problem is the most likely cause, but experienced and inexperienced respondents disagreed about the next most likely causes.

Law enforcement office representatives reporting experience with elder abuse rated elderly with emotional problems and poverty second and third, much higher than those who reported no experience.

Elderly with emotional problems and no family living nearby were identified as the most likely causes of unintentional neglect of elderly. Officers with experience rated poverty and social isolation of elderly as being important causes of unintentional neglect.

LAW ENFORCEMENT--MOST HELPFUL SERVICES

Law enforcement office representatives identified emergency medical treatment and protective services for adults as the most important services to address the problem of physical abuse of the elderly (see Table B-8). Two other services that were indicated by a large number of offices are emergency shelter and elder abuse hotline.

Social casework-counseling was the service most frequently identified as most important in addressing the problem of emotional abuse of elderly. The only other service indicated by a substantial number of law enforcement office representatives is protective services for adults.

Table B-8: **The Opinions of Law Enforcement Respondents Concerning the Most Important Services to Address the Five Types of Elder Abuse**

Type of Abuse	Most Important Service	% of Respondents
Physical	Emergency Medical Treatment	25%
	Protective Services for Adults	24%
	Emergency Medical Treatment	13%
	Elder Abuse Hotline	12%
Emotional	Social Casework-Counseling	26%
	Protective Services for Adults	16%
Exploitation	Legal Advice or Assistance	28%
	Financial-Money Management Advice	12%
Caregiver Neglect	Protective Services for Adults	13%
	Respite Care	12%
	Elder Abuse Hotline	10%
	Social Casework-Counseling	10%
Unintentional Neglect	Friendly Visitor	15%
	Social Casework-Counseling	11%

Over 25%, 48 respondents, identified legal advice or assistance as the most important service to address the problem of exploitation of the elderly. Financial and money management advice was the second most frequently identified service, reported by 21 respondents.

Protective services for adults and respite care to relieve caregivers were reported to be the most important services to address the problem of caregiver neglect. Elder abuse hotline and social casework-counseling were also frequently identified as most important.

Friendly visitors, was the service most frequently identified as most important to address the problem of unintentional neglect. Friendly visitors, was identified by 27 representatives. Social casework-counseling was next most frequently identified by 19 offices.

RESPONSES OF LICENSED VOCATIONAL NURSES

Over 40% of licensed vocational nurses (LVNs) reported experience with elder abuse. Their experience covered all five types of abuse. The LVNs reported providing and needing many services. They most frequently needed but could not obtain emergency shelter and legal advice or assistance. They cited overburdened caregivers and lack of assistance for caregivers as most likely causes of abuse and caregiver neglect. Elderly difficult to get along with was identified as the most likely cause of unintentional neglect. The LVNs reported that protective services for adults and elder abuse hotline are the most important services to address the problem of elder abuse.

The Board of Licensed Vocational Nurses provided support in identifying and surveying licensed vocational nurses (LVNs) in Texas. There were 70,810 LVNs identified, and 770 were sampled. Of the 770 sampled 16% (124) returned surveys before June 19, 1986, the survey cut-off date. Over 70% of the nurses who responded work in cities. The distribution of respondents across public health service regions shows that 11 of the 12 regions are represented. A high proportion of the respondents are from regions 5 and 11, regions where the largest metropolitan areas are located. Regions 2, 3, and 12 are more rural and have little representation in the sample.

Forty-four of 124 LVNs report that they work primarily with elderly. Twelve nurses reported that they did not work with elderly at all.

LVNs--CONTACT WITH ABUSE

Table B-9 shows that the nurses encountered caregiver neglect most frequently and were least likely to encounter physical abuse. Of the respondents, 50 (40%) reported at least one experience with elder abuse. The largest number of nurses reported experience with unintentional neglect, but their experience with other types of abuse was nearly as frequent.

Table B-9: **Licensed Vocational Nurses' Experience with Five Types of Abuse**

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	27	63
Verbal & Emotional Abuse	29	104
Exploitation	23	199
Caregiver Neglect	28	232
Unintentional Neglect	33	171
Total	50	769

Based on returns from 124 licensed vocational nurses.

LVNs--SERVICES PROVIDED

The licensed vocational nurses reported that they most often provide emergency medical services and transportation to victims of elder abuse. The nurses also reported providing home health-personal care and friendly visitor services.

LVNs--OTHER SERVICES USED

Licensed vocational nurses were most likely to use long-term health services to assist victims of elder abuse. They also reported frequent use of transportation and emergency medical services to assist victims. The LVNs' responses are indicative of a high rate of use of most of the listed services.

LVNs--SERVICES LACKING

Half of the LVNs who had experience with elder abuse had difficulty obtaining most of the services listed in the questionnaire. They reported a lack of emergency shelter and legal advice most frequently.

LVNs--PERCEIVED CAUSES

The licensed vocational nurses responses to the 12 opinions concerning the causes of elder abuse and caregiver neglect indicate they agree that each of the statements is a cause of elder abuse. Nurses who have experience with elder abuse have somewhat different opinions about which statements are more important causes of abuse. They agreed that overburdened caregivers and lack of assistance for caregivers are very likely causes of abuse and caregiver neglect. LVNs who did not report experience with abuse rated caregivers' alcohol-drug problem and elderly with emotional problems as the next most likely causes. Nurses with experience reported those causes as being sixth and eighth of the 12 statements.

Elderly difficult to get along with was identified by LVNs as the most likely cause of unintentional neglect of elderly . They placed lack of assistance for caregivers and no family living nearby as the second and third most likely causes.

LVNs--MOST HELPFUL SERVICES

Licensed vocational nurses identify emergency medical treatment as the most important service to address the problem of physical abuse of the elderly (see Table B-10). Two other services that were indicated by a large number of LVNs are elder abuse hotline and protective services for adults.

Social casework-counseling was the service most frequently identified as most important in addressing the problem of emotional abuse of elderly. Elder abuse hotline and protective services for adults were the second and third most frequently identified.

Only two services were frequently identified as important to addressing the problem of exploitation. Those services, in order of frequency are legal advice or assistance and protective services for adults. Most of the services listed were indicated by at least one nurse.

Table B-10: The Opinions of Licensed Vocational Nurses Concerning the Most Important Services to Address the Five Types of Elder Abuse

Type of Abuse	Most Important Service	% of Respondents
Physical	Emergency Medical Treatment	30%
	Elder Abuse Hotline	22%
	Protective Services for Adults	19%
Emotional	Social Casework-Counseling	27%
	Elder Abuse Hotline	18%
	Protective Services for Adults	14%
Exploitation	Legal Advice or Assistance	23%
	Protective Services for Adults	19%
Caregiver Neglect	Respite Care	26%
	Elder Abuse Hotline	14%
Unintentional Neglect	Home Health and Personal Care	15%
	Social Casework-Counseling	12%
	Community Education Programs	13%

Twenty-seven of 106 nurses reported that respite care to relieve caregivers is the most important service to address the problem of caregiver neglect. The service identified as most important by the second largest number of nurses was elder abuse hotline.

The three services most frequently identified as most important to address the problem of unintentional neglect are (1) home health-personal care, (2) social casework-counseling, and (3) community education program. Unlike services to address other types of abuse, there were no services that were identified by a substantial number of nurses.

RESPONSES OF PHYSICIANS

Over 84% of physicians who responded serve patients in cities. Only 35% of physicians reported experience with elder abuse. They reported providing emergency medical treatment; used long-term health care; and could not obtain protective services for adults, respite care, bill paying services, and legal guardianship to address abuse situations. Physicians reported that poor family dynamics and caregivers' alcohol-drug abuse problem were important causes of abuse and caregiver neglect. Elderly difficult to get along with was identified as the most likely cause of unintentional neglect. Protective services for adults and social casework-counseling were cited as being the most important services to address abuse situations.

The Texas Medical Association provided support in identifying and surveying association members whose specialization indicated that they are likely to have elderly patients. There were 6,062 physicians identified, and 740 were sampled. Of the 740 sampled 29% (224) returned surveys before June 19, 1986, the survey cut-off date. Over 84% of the physicians who responded serve patients in cities. Only 5 of the 224 physicians served farm or rural areas.

The distribution of respondents across public health service regions shows that each of the 12 regions is represented. A high proportion of the respondents are from regions 5 and 11, regions where large metropolitan areas are located. Regions 1, 2, 3, 10, and 12 are more rural and have smaller numbers of respondents.

Most of the physicians (54%) reported that they work with elderly at least 25% of the time. Another 32% reported that they work with elderly less than 25% of the time; and only 12 respondents (6%) did not work with elderly at all.

PHYSICIANS--CONTACT WITH ABUSE

Table B-11 shows that physicians were most likely to encounter unintentional neglect and least likely to encounter physical abuse. Of the respondents, 78 (35%) reported at least one experience with elder abuse.

Table B-11: **Physicians' Experience with Five Types of Abuse**

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	27	44
Verbal & Emotional Abuse	48	143
Exploitation	40	132
Caregiver Neglect	45	200
Unintentional Neglect	58	296
Total	78	815

Based on returns from 224 physicians.

PHYSICIANS--SERVICES PROVIDED

The physicians reported that they were most likely to provide emergency medical services to victims of elder abuse. They also reported providing long-term health, home health and personal care, and psychiatric care frequently.

PHYSICIANS--OTHER SERVICES USED

Physicians were most likely to use long-term health care services to assist victims of elder abuse. They also used home health-personal care, transportation, and counseling services to assist victims. Physicians reported high rates of use of many other services.

PHYSICIANS--SERVICES LACKING

Physicians reported a substantial incidence of not being able to obtain five services: protective services for adults, emergency shelter, respite care, bill paying service, and legal guardianship. They also reported substantial difficulty in obtaining several other services.

PHYSICIANS--PERCEIVED CAUSES

The physicians' responses to the 12 opinions concerning the causes of elder abuse and caregiver neglect indicate that they agree that each of the statements is a cause of elder abuse. Physicians who reported experience with elder abuse have a slightly different opinion about which statements are more important causes of abuse/neglect. The physicians agree that poor family dynamics and caregivers' alcohol-drug problem are two of the top three most likely causes of abuse and caregiver neglect. Physicians without experience reported that caregivers with emotional problems is the most likely cause while experienced physicians rated it eighth.

Physicians' average scores show that with the exception of agreeing that elderly difficult to get along with is a likely cause of unintentional neglect, they did not agree among themselves on the relative importance of the 10 statements as causes.

PHYSICIANS--MOST HELPFUL SERVICES

Physicians identified emergency medical treatment as the most important services to address the problem of physical abuse of the elderly (see Table B-12). Three other services that were indicated by a large number of doctors are protective services for adults, emergency shelter, and elder abuse hotline.

Social casework-counseling was the service most frequently identified as most important in addressing the problem of emotional abuse of elderly . Protective services for adults was the second most frequently identified, with friendly visitors and psychiatric treatment also being reported by a substantial number of physicians.

Respondents identified legal advice or assistance as the most important service to address the problem of exploitation of the elderly. Social casework-counseling, protective services for adults, and financial-money management advice were also frequently identified services.

Table B-12: **The Opinions of Physicians Concerning the Most Important Services to Address the Five Types of Elder Abuse**

Type of Abuse	Most Important Service	% of Respondents
Physical	Emergency Medical Treatment	27%
	Protective Services for Adults	18%
	Emergency Shelter	15%
	Elder Abuse Hotline	12%
Emotional	Social Casework-Counseling	27%
	Protective Services for Adults	14%
	Friendly Visitor	11%
	Psychiatric Treatment	9%
Exploitation	Legal Advice or Assistance	34%
	Social Casework-Counseling	13%
	Protective Services for Adults	11%
	Financial-Money Management Advice	11%
Caregiver Neglect	Respite Care	18%
	Social Casework-Counseling	15%
	Home Health and Personal Care	12%
	Protective Services for Adults	11%
	Long-Term Care	11%
Unintentional Neglect	Friendly Visitor	18%
	Social Casework-Counseling	15%
	Community Education Programs	9%
	Long-Term Care	9%

Respite care to relieve caregivers was identified most often as the most important service to address the problem of caregiver neglect. Social casework-counseling, home health and personal care, protective services for adults, and long-term care were also frequently identified as most important.

The two services most frequently identified as most important to address the problem of unintentional neglect are home health and personal care and social casework-counseling. Long-term care and community education program were also frequently identified.

RESPONSES OF PROBATE JUDGES

Probate judges tended to be located in small cities. Sixty-one percent of the judges reported experience with elder abuse, primarily exploitation. They provided and used a wide range of services. They had difficulty obtaining respite care, emergency shelter, and protective services for adults most often. The judges identified caregivers' alcohol-drug abuse as the most likely cause of abuse and caregiver neglect and no family living nearby as the most likely cause of unintentional neglect. Protective services for adults and social casework-counseling were identified as most important to address elder abuse situations.

The Texas Statutory Probate Judges Association provided support in identifying and surveying members. There were 398 probate judges identified, and 350 were sampled. Of the 398 sampled 44% (154) returned surveys before June 19, 1986, the survey cut-off date. Over 56% of the judges who responded serve small cities and rural areas in Texas. The distribution of respondents across public health service regions shows that each of the 12 regions is represented. A high proportion of the respondents are from regions 1, 4, 5, 6, 7, and 8. Regions 2 and 3 have few respondents.

Only one judge reported that (s)he works primarily with elderly. Most of the judges, 58%, work with elderly less than 25% of the time, and 11 do not work with elderly at all.

PROBATE JUDGES--CONTACT WITH ABUSE

Probate judges reported that they encounter emotional abuse most often and physical abuse least frequently (see Table B-13). Of the 154 respondents, 61 (40%) reported at least one experience with elder abuse. The largest number of judges reported experience with exploitation.

Table B-13: **Probate Judges' Experience with Five Types of Abuse**

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	27	56
Verbal & Emotional Abuse	36	235
Exploitation	45	196
Caregiver Neglect	31	116
Unintentional Neglect	41	211
Total	61	814

Based on returns from 154 probate judges.

PROBATE JUDGES--SERVICES PROVIDED

The judges reported that they were far more likely to provide legal guardianship than other services to victims of elder abuse. They also reported providing city-county welfare, emergency medical, legal advice, and psychiatric care fairly frequently.

PROBATE JUDGES--OTHER SERVICES USED

The judges were most likely to use home health-personal care and state-federal welfare services to assist victims of elder abuse. A substantial number of them reported using senior centers, counseling, and emergency medical services.

PROBATE JUDGES--SERVICES LACKING

The judges had difficulty obtaining 18 of the 20 services listed in the questionnaire. They were most likely to report having been unable to obtain respite care, emergency shelter, and protective services for adults. A large proportion of the judges had difficulty obtaining several other services.

PROBATE JUDGES--PERCEIVED CAUSES

The judges' average responses to the 12 opinions concerning the causes of elder abuse and caregiver neglect indicate they agree that each of the opinions is a cause; they also agree that caregivers' alcohol-drug problem is a leading cause. Judges disagree about the second and third most likely causes of abuse and caregiver neglect. Judges without experience identified caregivers' personal crisis and social isolation of victims while experienced judges rated caregivers with emotional problems and overburdened caregivers second and third most likely. They rated no family living nearby as the most likely cause of unintentional neglect.

PROBATE JUDGES--MOST HELPFUL SERVICES

Judges identified protective services for adults and emergency shelter as the most important services to address the problem of physical abuse of elderly people (see Table B-14). A third service that was indicated by a large number of judges is emergency medical treatment.

Table B-14: **The Opinions of Probate Judges Concerning the Most Important Services to Address the Five Types of Elder Abuse**

Type of Abuse	Most Important Service	% of Respondents
Physical	Protective Services for Adults	24%
	Emergency Shelter	23%
	Emergency Medical Treatment	17%
Emotional	Social Casework-Counseling	28%
	Protective Services for Adults	18%
Exploitation	Legal Advice or Assistance	27%
	Legal Guardianship	26%
	Protective Services for Adults	19%
Caregiver Neglect	Respite Care	16%
	Social Casework-Counseling	12%
	Protective Services for Adults	13%
Unintentional Neglect	Senior Centers	13%
	Community Education Programs	11%

Social casework-counseling was the service most frequently identified as most important in addressing the problem of emotional abuse of elders. The only other service reported as being most important by a substantial number of judges was protective services for adults.

Three services were indicated as being most important to address exploitation by a substantial number of judges. Legal advice or assistance and legal guardianship were reported most often. Protective services for adults was the third most frequently identified service.

The probate judges reported that respite care to relieve caregivers is the most important service to address the problem of caregiver neglect. Social casework-counseling and protective services for adults were also frequently identified as most important.

Judges responses to the question of which is the most important service to address the problem of unintentional neglect were spread over a large number of services. The two services most frequently identified, senior centers and community education program, were closely followed by four other services: social casework-counseling, home health and personal care, friendly visitors, and legislate filial responsibility.

RESPONSES OF REGISTERED NURSES

Nearly half (49%) of registered nurses (RNs) reported experience with elder abuse. RNs reported that they provided and used social casework-counseling services and that they had difficulty finding emergency shelter for victims of abuse. RNs identified poor family dynamics as the most likely cause of abuse and caregiver neglect and elderly with emotional problems as the most likely cause of unintentional neglect. Protective services for adults was identified as the most important service to address the problems of abuse and caregiver neglect. No one service stood out as most important to address unintentional neglect.

The Texas Nurses Association provided support in identifying and surveying registered nurses on the state licensing lists. There were 28,730 registered nurses identified, and 770 were sampled. Of the 770 sampled, 19% (143) returned surveys before June 19, 1986, the survey cut-off date. Over half of the nurses who responded work in large cities in Texas. The distribution of respondents across public health service regions shows that each of the 12 regions is represented. A high proportion of the respondents are from regions 5 and 11, where large metropolitan areas are located. Regions 1, 2, and 12 are more rural and have smaller numbers of respondents.

The distribution of responses concerning the amount time each nurse worked with elderly shows that the nurses are approximately evenly divided among the five categories: no time, less than 25%, 25% to 49%, 50% to 74%, and 75% to 100%. Twenty-three RNs (17%) do not work with elderly at all.

RNs--CONTACT WITH ABUSE

Table B-15 shows that RNs are most likely to encounter unintentional neglect and least likely to encounter physical abuse. Slightly under half (49%) of the registered nurses responding reported experience with elder abuse.

Table B-15: **Registered Nurses' Experience with Five Types of Abuse**

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	30	76
Verbal & Emotional Abuse	40	228
Exploitation	33	158
Caregiver Neglect	46	248
Unintentional Neglect	53	362
Total	70	1072

Based on returns from 143 registered nurses.

RNs--SERVICES PROVIDED

The RNs reported that they were most likely to provide home health and personal care to victims of elder abuse. A large number also reported providing social casework-counseling and emergency medical service.

RNs--OTHER SERVICES USED

RNs reported a very high rate of use for services to meet the needs of abused elderly. They were most likely to use long-term health, transportation, and social casework-counseling services to assist victims of elder abuse.

RNs--SERVICES LACKING

RNs reported frequent attempts to obtain most of the services listed in the questionnaire. They were most likely to report having been unable to obtain emergency shelter.

RNs--PERCEIVED CAUSES

The RNs responses to the 12 opinions concerning the causes of elder abuse and caregiver neglect indicate they agree that each of the opinions is a cause. The RNs agreed most strongly that the statements concerning

poor family dynamics, overburdened caregivers, and caregivers' alcohol-drug problem represented causes of caregiver neglect of elders.

They agreed most strongly that the statements concerning elderly with emotional problems, poor family dynamics, and no family living nearby were causes of unintentional neglect.

RNs--MOST HELPFUL SERVICES

RNs identify emergency medical treatment as the most important service to address the problem of physical abuse of the elderly (see Table B-16). Two other services that were indicated by a large number of nurses are protective services for adults and emergency shelter. Social casework-counseling was by far the service most frequently identified as most important in addressing the problem of emotional abuse of elderly. Elder abuse hotline and respite care were also indicated by a substantial number of the respondents.

Legal advice or assistance was by far the service most frequently identified as most important in addressing the problem of exploitation. The only other service to be identified by a substantial number of nurses was protective services for adults.

RNs reported that respite care and home health and personal care were the most important services to address the problem of caregiver neglect. Social casework-counseling and protective services for adults were also frequently identified as most important.

Table B-16: **The Opinions of Registered Nurses Concerning the Most Important Services to Address the Five Types of Elder Abuse**

Type of Abuse	Most Important Service	% of Respondents
Physical	Emergency Medical Treatment	22%
	Protective Services for Adults	20%
	Emergency Shelter	19%
Emotional	Social Casework-Counseling	35%
	Elder Abuse Hotline	16%
	Respite Care	14%
Exploitation	Legal Advice or Assistance	37%
	Protective Services for Adults	14%
	Financial-Money Management Advice	9%
Caregiver Neglect	Respite Care	22%
	Home Health and Personal Care	19%
	Social Casework-Counseling	13%
	Protective Services for Adults	11%
Unintentional Neglect	Social Casework-Counseling	14%
	Home Health and Personal Care	12%
	Information and Referral	10%
	Community Education	9%
	Friendly Visitor	9%

Nurses' judgments about the most important services to address the problem of unintentional neglect were not as clear-cut as the services identified to address the other types of abuse. Three services, social casework-counseling, home health and personal care, and information and referral service were each identified as most important by more than 10% of the RNs.

RESPONSES OF SENIOR CENTER DIRECTORS

Only 57% of senior center (SC) directors reported experience with elder abuse. Most of their experience was with emotional abuse, exploitation, and unintentional neglect. The directors reported providing senior center services, using home health and personal care, and long-term health services and had the most difficulty obtaining respite care. Social isolation of victims and overburdened caregivers were identified as most likely causes of abuse and caregiver neglect. No family living nearby was cited as the most likely cause of unintentional neglect. Protective services for adults was identified as the most important service to address the problem of elder abuse.

The Senior Center Directors Association provided support in identifying and surveying association members. There were approximately 600 directors identified, and 470 were sampled. Of the 470 sampled 22% (102) returned surveys before June 19, 1986, the survey cut-off date. Over 30% of the senior centers serve small cities in Texas. Less than a fifth of the centers serve farm or rural areas.

The distribution of respondents across public health service regions shows that most of the responses are from 4 of the 12 regions--4, 5, 6, and 7. The highest proportion of the respondents are from Region 5. Regions 1, 8, and 9 are not represented, and regions 2, 3, 10, and 12 have only one or two respondents. Most of the respondents (64%) reported that they work primarily with elderly; six reported that they work with elderly less than 25% of the time.

SENIOR CENTER DIRECTORS--CONTACT WITH ABUSE

The directors were far more likely to encounter unintentional neglect than to encounter any of the other types of abuse. Of the respondents, 58 (57%) reported at least one experience with elder abuse. More than 40 directors had experience with emotional abuse, exploitation, and unintentional neglect (see Table B-17).

Table B-17: **Senior Center Directors' Experience with Five Types of Abuse**

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	26	62
Verbal & Emotional Abuse	43	150
Exploitation	41	198
Caregiver Neglect	29	184
Unintentional Neglect	40	605
Total	58	1199

Based on returns from 102 senior center directors.

SENIOR CENTER DIRECTORS--SERVICES PROVIDED

Senior center directors reported that they were most likely to provide senior center services. They also reported a large number of instances of providing meals on wheels and friendly visitor services to victims of elder abuse . Two other services that a substantial portion of the directors reported having provided are transportation and bill paying service.

SENIOR CENTER DIRECTORS--OTHER SERVICES USED

The directors used most of the listed services frequently. They reported using home health-personal care and long-term health most often. Four other services had been used by a substantial number of directors: state/federal welfare, counseling, adult protective services, and legal advice.

SENIOR CENTER DIRECTORS--SERVICES LACKING

Of the 58 directors reporting experience with elder abuse, 23 had difficulty obtaining the services listed in the survey . Respite care, legal

guardianship, and financial advice were the services that the directors most frequently needed but could not find.

SENIOR CENTER DIRECTORS--PERCEIVED CAUSES

The directors average responses to the 12 opinions concerning the causes of abuse and caregiver neglect indicate they agree that social isolation of victims and overburdened caregivers are two of the three most likely causes. Caregivers' alcohol-drug problem, rated second by the directors with no experience, is rated seventh by directors who have experience with elder abuse.

No family living nearby is identified by experienced directors as the most likely cause of unintentional neglect of elderly. Directors without experience identify different causes as being most important.

SENIOR CENTER DIRECTORS--MOST HELPFUL SERVICES

Senior center directors identify protective services for adults as the most important service to address the problem of physical abuse of the elderly (see Table B-18). Three other services that were indicated by a large number of directors are elder abuse hotline, emergency shelter, and emergency medical treatment.

Social casework-counseling was rated by 27 directors as most important to address the problem of emotional abuse of elderly. Protective services for adults and elder abuse hotline were the second and third most frequently identified with 8 and 7 responses respectively.

Legal advice or assistance was named as the most important service to address the problem of exploitation of the elderly by 40% of the respondents. Protective services for adults was the second most frequently identified service. No other services were indicated by more than 5 directors.

Respite care to relieve caregivers was most frequently identified as the most important service to address the problem of caregiver neglect. Protective services for adults and home health and personal care were also frequently identified as most important.

Table B-18: **The Opinions of Senior Center Directors Concerning the Most Important Services to Address the Five Types of Elder Abuse**

Type of Abuse	Most Important Service	% of Respondents
Physical	Protective Services for Adults	20%
	Elder Abuse Hotline	16%
	Emergency Shelter	15%
	Emergency Medical Treatment	14%
Emotional	Social Casework-Counseling	36%
	Protective Services for Adults	11%
	Elder Abuse Hotline	9%
Exploitation	Legal Advice or Assistance	40%
	Protective Services for Adults	14%
Caregiver Neglect	Respite Care	23%
	Protective Services for Adults	12%
	Home Health and Personal Care	12%
Unintentional Neglect	Senior Centers	16%
	Social Casework-Counseling	14%
	Legislate Filial Responsibility	12%

The three services identified as most important to address the problem of unintentional neglect are (1) senior centers, (2) social case-work-counseling, and (3) legislate filial responsibility. No other services were indicated by more than 5 senior center directors.

RESPONSES OF HOSPITAL SOCIAL WORK DIRECTORS

Over 80% of the hospital social work (SW) directors work in cities. Approximately 80% of them reported experience with elder abuse. Their experiences were distributed across the five types of abuse. The SW directors reported that they provided social casework-counseling; used protective services for adults most often; and frequently could not obtain emergency shelter, bill paying services, and respite care. They identified overburdened caregivers and lack of assistance for caregivers as most likely causes of abuse and caregiver neglect. No family living nearby was cited as the most likely cause of unintentional neglect. The services SW directors identified as most important to address the problem of elder abuse were protective services for adults and social casework-counseling.

The Texas Hospital Association and the Texas Society for Hospital Social Work Directors provided support in identifying and surveying hospital social work directors. There were 173 hospital social work directors identified, and all were surveyed. Of the 173 sampled, 68% (118) returned surveys before June 19, 1886, the survey cut-off date.

Just over 39% of the directors who responded work in hospitals that serve large cities in Texas. Another 42% of the directors work in hospitals serving medium size and small cities. The distribution of respondents across public health service regions shows that each of the 12 regions is represented. A high proportion of the respondents are from regions 5 and 11, which have large populations. Less densely populated regions are represented by smaller numbers of respondents.

Nearly 75% of the directors responding reported that 50 to 100% of the time they worked with the elderly. Only eight of the respondents (7%) do not work with elderly at all.

HOSPITAL SOCIAL WORK DIRECTORS--CONTACT WITH ABUSE

Table B-19 shows that social work directors are most likely to encounter unintentional neglect and least likely to encounter physical abuse. Of the respondents, 94 (80%) reported at least one experience with elder abuse.

Table B-19: **Hospital Social Work Directors' Experience with Five Types of Abuse**

Type of Abuse	Number of Respondents	Number of Incidents
Physical Abuse	54	202
Verbal & Emotional Abuse	68	281
Exploitation	77	356
Caregiver Neglect	74	357
Unintentional Neglect	83	862
Total	94	2058

Based on returns from 118 hospital social work directors.

HOSPITAL SOCIAL WORK DIRECTORS--SERVICES PROVIDED

The directors reported that they most frequently provided social casework-counseling services to victims of elder abuse. Social work directors also reported delivering emergency medical, long-term health, home health and personal care, and financial advice frequently. These five services are consistent with the directors' role in health care institutions.

HOSPITAL SOCIAL WORK DIRECTORS--OTHER SERVICES USED

The directors were most likely to use protective services for adults to assist victims of elder abuse. They made frequent use of most of the other services listed on the survey.

HOSPITAL SOCIAL WORK DIRECTORS--SERVICES LACKING

Directors frequently could not obtain four services: emergency shelter, bill paying service, respite care, and friendly visitors.

HOSPITAL SOCIAL WORK DIRECTORS--PERCEIVED CAUSES

The SW directors average responses to the 12 opinions concerning the causes of elder abuse and caregiver neglect indicate they agree that each of

the opinions is a cause. Directors with experience of the problem have a different opinion about which statements represent more important causes. Overburdened caregivers and lack of assistance for caregivers are identified by experienced directors as very likely causes of abuse and caregiver neglect. Directors who did not report experience with elder abuse rated caregivers with emotional problems as the most likely cause of abuse. Experienced directors rated it eighth out of the 12 statements.

The directors rated the same three statements as the most likely causes of unintentional neglect. There is one notable difference between the ratings of experienced and inexperienced directors. The statement rated as the most likely cause of abuse by experienced directors, no family living nearby, was rated fourth by the other directors.

HOSPITAL SOCIAL WORK DIRECTORS--MOST HELPFUL SERVICES

Hospital social work directors identified protective services for adults as the most important service to address the problem of physical abuse of the elderly (see Table B-20). Two other services that were indicated by a large number of directors are emergency medical treatment and emergency shelter.

Social casework-counseling was the service most frequently identified as most important in addressing the problem of emotional abuse of elderly. Respite care to relieve caregivers was the only other service identified as most important by a substantial number of respondents.

The directors identified either protective services for adults or legal advice or assistance as the most important service to address the problem of exploitation of the elderly. Legal guardianship was also identified by a substantial number of directors.

Table B-20: **Hospital Social Work Directors' Opinions Concerning the Most Important Services to Address the Five Types of Elder Abuse**

Type of Abuse	Most Important Service	% of Respondents
Physical	Protective Services for Adults	44%
	Emergency Shelter	16%
	Emergency Medical Treatment	15%
Emotional	Social Casework-Counseling	39%
	Respite Care	22%
	Protective Services for Adults	12%
Exploitation	Protective Services for Adults	24%
	Legal Advice or Assistance	14%
	Legal Guardianship	13%
Caregiver Neglect	Protective Services for Adults	28%
	Respite Care	20%
	Social Casework-Counseling	16%
Unintentional Neglect	Social Casework-Counseling	24%
	Protective Services for Adults	14%
	Home Health and Personal Care	13%

The largest number of hospital social work directors identified protective services for adults as the most important service to address the problem of caregiver neglect. Respite care for caregivers and social casework-counseling services were the second and third most frequently identified as most important.

Social casework-counseling was identified as the most important service to address the problem of unintentional neglect by 27 of 113 respondents. Protective services for adults and social casework-counseling services were the second and third services identified as most important.

APPENDIX C: TABULAR SUMMARY: SURVEY RESPONSES BY PROFESSION

FINDINGS ACROSS THE TEN PROFESSIONS

Table C-1: DESCRIPTION OF SERVICE AREAS FOR MEMBERS OF EACH PROFESSION

PROFESSIONS	SERVICE AREA: Large City, 2500,000+	Medium City 50,000 to 249,999	Suburb near Large City	Primarily Farms or Rural Small City <50,000	
Bank Trust Officers	36%	34%	1%	26%	2%
Home Health Care Agencies	38%	30%	1%	11%	20%
Justices of the Peace	5%	9%	3%	50%	32%
Law Enforcement Agencies	5%	4%	10%	60%	22%
Licensed Vocational Nurses	27%	23%	11%	30%	10%
Physicians	50%	20%	5%	23%	3%
Probate Judges	10%	11%	4%	49%	27%
Registered Nurses	54%	23%	11%	10%	2%
Senior Center Dir.	20%	14%	7%	37%	21%
Hospital Social Work Dir.	43%	23%	4%	23%	7%

Table C-2: PERCENT OF PROFESSIONALS WHO REPORTED EXPERIENCE WITH ELDER ABUSE AND WITH EACH OF THE FIVE TYPES OF ABUSE

PROFESSIONS	TYPES OF ABUSE: Physical Abuse	Verbal Abuse	Financial Exploitation	Caretaker Neglect	Unintentional Neglect	# of Cases	# of Resp.	Pct. Expd.
Bank Trust Officers	3%	20%	49%	10%	18%	517	222	36%
Home Health Care Agencies	6%	12%	14%	24%	45%	1488	94	78%
Justices of the Peace	13%	26%	24%	14%	24%	747	235	40%
Law Enforcement Agencies	20%	25%	22%	16%	17%	1495	220	49%
Licensed Vocational Nurses	8%	14%	26%	30%	22%	769	124	40%
Physicians	5%	18%	16%	25%	36%	815	224	34%
Probate Judges	7%	29%	24%	14%	26%	814	154	40%
Registered Nurses	7%	21%	15%	23%	34%	1072	143	49%
Senior Center Dir.	5%	13%	17%	15%	50%	1199	102	57%
Hospital Social Work Dir.	10%	14%	17%	17%	42%	2058	118	80%

TABLE C-3: PERCENT OF PROFESSIONALS WHO PROVIDED TWENTY SERVICES TO HELP VICTIMS OF ELDER ABUSE

SERVICES	Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.
EMERGENCY MEDICAL	-	-	-	-	44%	76%	-	34%	-	41%
LONG-TERM HEALTH	-	-	-	-	-	24%	-	-	-	41%
EMERGENCY SHELTER	-	-	-	-	-	-	-	-	-	-
TRANSPORATION	-	-	-	30%	44%	-	-	-	-	-
RESPITE CARE	-	-	-	-	-	-	-	-	-	-
ADULT PROTECTIVE SERVICES	-	-	-	-	-	-	-	-	-	-
SOCIAL CASEWORK / COUNSELING	-	41%	-	-	-	-	-	34%	-	84%
LEGAL ADVICE	-	-	59%	52%	-	-	-	-	-	-
LEGAL GUARDIANSHIP	-	-	-	-	-	-	79%	-	-	-
BILL PAYING SERVICE	68%	-	-	-	-	-	-	-	-	-
FINANCIAL ADVICE	86%	-	-	-	-	-	-	-	-	-
HOME HEALTH-PERSONAL CARE	-	89%	-	-	35%	-	-	42%	-	-
MEALS ON WHEELS	-	-	-	-	-	-	-	-	62%	-
FRIENDLY VISITOR	-	-	31%	-	-	-	-	-	62%	-
CITY-COUNTY WELFARE	-	-	-	-	-	-	32%	-	-	-
STATE-FEDERAL WELFARE	-	-	-	-	-	-	-	-	-	-
SENIOR CENTERS	-	-	-	-	-	-	-	-	-	89%
PSYCHIATRIC CARE	-	-	-	-	-	-	-	-	-	-

Table C-4: PERCENT OF PROFESSIONALS WHO USED TWENTY SERVICES TO HELP VICTIMS OF ELDER ABUSE

SERVICES	Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.
EMERGENCY MEDICAL	-	-	50%	74%	-	-	-	-	-	-
LONG-TERM HEALTH	-	-	54%	-	63%	80%	75%	-	-	64%
EMERGENCY SHELTER	-	-	-	-	-	-	-	-	-	-
TRANSPORATION	-	-	-	-	53%	59%	-	53%	-	-
RESPITE CARE	-	-	-	-	-	-	-	-	-	-
ADULT PROTECTIVE SERVICES	-	-	-	-	-	-	-	-	-	78%
SOCIAL CASEWORK / COUNSELING	-	41%	52%	-	53%	59%	-	53%	-	-
LEGAL ADVICE	51%	-	-	-	-	-	-	-	-	-
LEGAL GUARDIANSHIP	-	-	-	-	-	-	-	-	-	-
BILL PAYING SERVICE	-	-	-	-	-	-	-	-	-	69%
FINANCIAL ADVICE	-	-	-	-	-	-	-	-	-	-
HOME HEALTH-PERSONAL CARE	51%	89%	-	-	-	65%	67%	-	67%	71%
MEALS ON WHEELS	-	-	-	-	-	-	-	-	-	-
FRIENDLY VISITOR	-	-	-	-	-	-	-	-	-	-
CITY-COUNTY WELFARE	-	-	-	-	-	-	-	-	-	-
STATE-FEDERAL WELFARE	-	-	56%	-	-	-	65%	-	58%	-
SENIOR CENTERS	-	-	-	55%	-	-	-	-	-	-
PSYCHIATRIC CARE	-	-	-	-	-	-	-	-	-	-

Table C-5: PERCENT OF PROFESSIONALS WHO NEEDED TWENTY SERVICES THAT WERE NOT AVAILABLE TO HELP VICTIMS OF ELDER ABUSE

SERVICES	PROFESSIONS: Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.
EMERGENCY MEDICAL	-	-	-	-	-	-	-	-	-	-
LONG-TERM HEALTH	-	-	-	-	-	-	-	-	-	-
EMERGENCY SHELTER	-	-	-	-	52%	47%	43%	43%	-	54%
TRANSPORATION	-	-	-	-	-	-	-	-	-	-
RESPITE CARE	56%	-	57%	63%	-	-	50%	-	48%	44%
ADULT PROTECTIVE SERVICES	52%	61%	-	-	-	50%	43%	-	-	-
SOCIAL CASEWORK / COUNSELING	-	-	-	-	-	-	-	-	-	-
LEGAL ADVICE	-	-	-	-	52%	-	-	-	-	-
LEGAL GUARDIANSHIP	-	-	-	-	-	-	-	-	-	-
BILL PAYING SERVICE	-	-	55%	-	-	47%	-	40%	-	46%
FINANCIAL ADVICE	-	-	-	67%	-	-	-	-	43%	-
HOME HEALTH-PERSONAL CARE	-	-	-	-	-	-	-	-	-	-
MEALS ON WHEELS	-	71%	-	-	-	-	-	-	-	-
FRIENDLY VISITOR	-	-	-	-	-	-	-	-	-	-
CITY-COUNTY WELFARE	-	-	-	-	-	-	-	-	-	-
STATE-FEDERAL WELFARE	-	62%	-	-	-	-	-	-	-	-
SENIOR CENTERS	-	-	-	55%	-	-	-	-	-	-
PSYCHIATRIC CARE	-	-	-	-	-	-	-	-	-	-

Table C-6: PROFESSIONAL's OPINIONS ABOUT THE MOST LIKELY CAUSES OF ABUSE AND CARETAKER NEGLECT OF ELDERLY

CAUSES	Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.
CARETAKERS ABUSED AS CHILDREN	-	-	NOT	NOT	-	-	-	-	-	-
CARETAKERS' EMOTIONAL PROBLEMS	1	-	-	-	-	-	2	-	-	-
CARETAKERS' FINANCIAL CRISES	-	-	3	-	-	-	-	-	-	-
CARETAKERS' PERSONAL CRISES	-	-	2	-	-	3	-	-	-	-
CARETAKERS' ALCOHOL-DRUG PBLM	3	-	1	1	-	1	1	2	-	-
ELDERLY WITH EMOTIONAL PROBLEMS		-	-	2	-	-	-	-	-	-
POVERTY	-	-	-	2	-	-	-	-	-	-
SOCIAL ISOLATION OF CARETAKERS	-	-	-	-	-	-	-	-	3	-
SOCIAL ISOLATION OF VICTIMS	2	3	-	-	2	-	-	-	1	-
OVERBURDENED CARETAKERS	-	1	-	-	1	-	3	-	2	1
LACK OF ASST FOR CARETAKERS	-	2	-	-	3	-	-	3	-	2
POOR FAMILY DYNAMICS	-	-	-	-	-	1	-	1	-	3

Table 7: PROFESSIONAL's OPINIONS ABOUT THE MOST LIKELY CAUSES OF UNINTENTIONAL NEGLECT OF ELDERLY

CAUSES	Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.
FAMILY CRISES	-	-	-	-	-	-	-	-	-	-
NO FAMILY LIVING NEARBY	1	1	-	2	2	3	1	2	1	1
ELDERLY WITH ALCOHOL-DRUG PBLM	-	-	-	-	-	-	-	-	-	-
ELDERLY WITH EMOTIONAL PROBLEMS		-	1	1	-	-	2	1	-	-
POVERTY	-	-	2	3	-	-	3	-	2	-
ELDERLY DIFF TO GET ALONG WITH	3	-	-	-	1	2	-	-	-	-
LACK OF ASST FOR CARETAKERS	-	-	-	-	3	-	-	-	-	2
SOCIAL ISOLATION OF ELDERLY	2	2	3	-	-	3	-	-	2	3
POOR FAMILY DYNAMICS	-	3	-	-	-	1	-	2	-	-

Table C-8: PERCENTS OF PROFESSIONALS SELECTING ONE OF TWENTY FIVE SERVICES AS MOST IMPORTANT TO ADDRESS THE PROBLEM OF PHYSICAL ABUSE OF ELDERLY

SERVICES \ PROFESSIONS	Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.
EMERGENCY MEDICAL	20%	-	19%	25%	28%	31%	18%	27%	-	17%
LOW COST MEDICAL TREATMENT	-	-	-	-	-	-	-	-	-	-
LONG-TERM HEALTH	-	-	-	-	-	-	-	-	-	-
EMERGENCY SHELTER	-	18%	-	-	-	18%	18%	20%	16%	-
TRANSPORATION SERVICES	-	-	-	-	-	-	-	-	-	-
RESPITE CARE	-	-	-	-	-	-	-	-	-	-
ADULT PROTECTIVE SERVICES	23%	25%	23%	27%	-	21%	30%	15%	35%	43%
SOCIAL CASEWORK / COUNSELING	-	-	-	-	-	-	-	-	-	-
LEGAL ADVICE OR ASSISTANCE	-	-	-	-	-	-	-	-	-	-
LEGAL GUARDIANSHIP	-	-	-	-	-	-	-	-	-	-
BANK BY PHONE, DIRECT DEPOSIT	-	-	-	-	-	-	-	-	-	-
FINANCIAL ADVICE	-	-	-	-	-	-	-	-	-	-
HOME HEALTH-PERSONAL CARE	-	-	-	-	-	-	-	-	-	-
MEALS ON WHEELS	-	-	-	-	-	-	-	-	-	-
FRIENDLY VISITOR	-	-	-	-	-	-	-	-	-	-
CITY-COUNTY WELFARE	-	-	-	-	-	-	-	-	-	-
STATE-FEDERAL WELFARE	-	-	-	-	-	-	-	-	-	-
SENIOR CENTERS	-	-	-	-	-	-	-	-	-	-
PSYCHIATRIC TREATMENT	-	-	-	-	-	-	-	-	-	-
NUTRITION AND DINING CENTERS	-	-	-	-	-	-	-	-	-	-
COMMUNITY EDUCATION PROGRAMS	-	-	-	-	-	-	-	-	-	-
ELDER ABUSE HOTLINE	21%	-	-	21%	-	-	-	-	16%	-
INFORMATION & REFERRAL SERVICE	-	-	-	-	-	-	-	-	-	-
LEGISLATE FILIAL RESPONSIBILITY	-	-	-	-	-	-	-	-	-	-
SUBSIDIZE LOW COST HOUSING	-	-	-	-	-	-	-	-	-	-

Table C-9: PERCENTS OF PROFESSIONALS SELECTING ONE OF TWENTY FIVE SERVICES AS MOST IMPORTANT TO ADDRESS THE PROBLEM OF EMOTIONAL ABUSE OF ELDERLY

SERVICES	Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.	
EMERGENCY MEDICAL	-	-	-	-	-	-	-	-	-	-	-
LOW COST MEDICAL TREATMENT	-	-	-	-	-	-	-	-	-	-	-
LONG-TERM HEALTH	-	-	-	-	-	-	-	-	-	-	-
EMERGENCY SHELTER	-	-	-	-	-	-	-	-	-	-	-
TRANSPORATION SERVICES	-	-	-	-	-	-	-	-	-	-	-
RESPITE CARE	-	16%	-	-	-	-	-	18%	-	-	-
ADULT PROTECTIVE SERVICES	12%	-	20%	20%	-	-	26%	-	-	31%	
SOCIAL CASEWORK / COUNSELING	37%	29%	23%	26%	36%	32%	26%	29%	38%	29%	
LEGAL ADVICE OR ASSISTANCE	-	-	-	-	-	-	-	-	-	-	-
LEGAL GUARDIANSHIP	-	-	-	-	-	-	-	-	-	-	-
BANK BY PHONE, DIRECT DEPOSIT	-	-	-	-	-	-	-	-	-	-	-
FINANCIAL ADVICE	-	-	-	-	-	-	-	-	-	-	-
HOME HEALTH-PERSONAL CARE	-	-	-	-	-	-	-	-	-	-	-
MEALS ON WHEELS	-	-	-	-	-	-	-	-	-	-	-
FRIENDLY VISITOR	-	-	-	-	-	-	-	-	-	-	-
CITY-COUNTY WELFARE	-	-	-	-	-	-	-	-	-	-	-
STATE-FEDERAL WELFARE	-	-	-	-	-	-	-	-	-	-	-
SENIOR CENTERS	-	-	-	-	-	-	-	-	-	-	-
PSYCHIATRIC TREATMENT	-	-	-	-	-	-	-	-	-	-	-
NUTRITION AND DINING CENTERS	-	-	-	-	-	-	-	-	-	-	-
COMMUNITY EDUCATION PROGRAMS	-	-	-	-	-	-	-	-	-	-	-
ELDER ABUSE HOTLINE	-	-	-	-	21%	-	-	18%	-	-	-
INFORMATION & REFERRAL SERVICE	-	-	-	-	-	-	-	-	-	-	-
LEGISLATE FILIAL RESPONSIBILITY	-	-	-	-	-	-	-	-	-	-	-
SUBSIDIZE LOW COST HOUSING	-	-	-	-	-	-	-	-	-	-	-

Table C-10: PERCENTS OF PROFESSIONALS SELECTING ONE OF TWENTY FIVE SERVICES AS MOST IMPORTANT TO ADDRESS THE PROBLEM OF EXPLOITATION OF ELDERLY

SERVICES	PROFESSIONS: Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.
EMERGENCY MEDICAL	-	-	-	-	-	-	-	-	-	-
LOW COST MEDICAL TREATMENT	-	-	-	-	-	-	-	-	-	-
LONG-TERM HEALTH	-	-	-	-	-	-	-	-	-	-
EMERGENCY SHELTER	-	-	-	-	-	-	-	-	-	-
TRANSPORATION SERVICES	-	-	-	-	-	-	-	-	-	-
RESPITE CARE	-	-	-	-	-	-	-	-	-	-
ADULT PROTECTIVE SERVICES	-	-	-	-	17%	15%	23%	-	17%	14%
SOCIAL CASEWORK / COUNSELING	-	-	-	-	-	-	-	-	-	21%
LEGAL ADVICE OR ASSISTANCE	18%	28%	39%	29%	23%	37%	34%	41%	33	-
LEGAL GUARDIANSHIP	17%	-	-	-	-	-	28%	-	-	-
BANK BY PHONE, DIRECT DEPOSIT	-	-	-	-	-	-	-	-	-	-
FINANCIAL ADVICE	36%	15%	-	15%	-	-	-	-	-	-
HOME HEALTH-PERSONAL CARE	-	-	-	-	-	-	-	-	-	-
MEALS ON WHEELS	-	-	-	-	-	-	-	-	-	-
FRIENDLY VISITOR	-	-	-	-	-	-	-	-	-	-
CITY-COUNTY WELFARE	-	-	-	-	-	-	-	-	-	-
STATE-FEDERAL WELFARE	-	-	-	-	-	-	-	-	-	-
SENIOR CENTERS	-	-	-	-	-	-	-	-	-	-
PSYCHIATRIC TREATMENT	-	-	-	-	-	-	-	-	-	-
NUTRITION AND DINING CENTERS	-	-	-	-	-	-	-	-	-	-
COMMUNITY EDUCATION PROGRAMS	-	-	-	-	-	-	-	-	-	-
ELDER ABUSE HOTLINE	-	-	-	-	-	-	-	-	-	-
INFORMATION & REFERRAL SERVICE	-	-	-	-	-	-	-	-	-	-
LEGISLATE FILIAL RESPONSIBILITY	-	-	-	-	-	-	-	-	-	-
SUBSIDIZE LOW COST HOUSING	-	-	-	-	-	-	-	-	-	-

Table C-11: PERCENTS OF PROFESSIONALS SELECTING ONE OF TWENTY FIVE SERVICES AS MOST IMPORTANT TO ADDRESS THE PROBLEM OF CARETAKER NEGLECT OF ELDERLY

SERVICES	PROFESSIONS: Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.
EMERGENCY MEDICAL	-	-	-	-	-	-	-	-	-	-
LOW COST MEDICAL TREATMENT	-	-	-	-	-	-	-	-	-	-
LONG-TERM HEALTH	-	-	-	-	-	-	-	-	-	-
EMERGENCY SHELTER	-	-	-	-	-	-	-	-	-	-
TRANSPORATION SERVICES	-	-	-	-	-	-	-	-	-	-
RESPITE CARE	-	30%	-	15%	15%	14%	-	15%	18%	16%
ADULT PROTECTIVE SERVICES	15%	-	14%	-	-	13%	18%	-	15%	32%
SOCIAL CASEWORK / COUNSELING	-	-	-	-	15%	-	16%	18%	-	16%
LEGAL ADVICE OR ASSISTANCE	-	-	-	-	-	-	-	-	-	-
LEGAL GUARDIANSHIP	-	-	-	-	-	-	-	-	-	-
BANK BY PHONE, DIRECT DEPOSIT	-	-	-	-	-	-	-	-	-	-
FINANCIAL ADVICE	-	-	-	-	-	-	-	-	-	-
HOME HEALTH-PERSONAL CARE	-	27%	-	-	-	14%	-	21%	15%	-
MEALS ON WHEELS	-	-	-	-	-	-	-	-	-	-
FRIENDLY VISITOR	-	-	-	-	-	-	-	-	-	-
CITY-COUNTY WELFARE	-	-	-	-	-	-	-	-	-	-
STATE-FEDERAL WELFARE	-	-	-	-	-	-	-	-	-	-
SENIOR CENTERS	-	-	-	-	-	-	-	-	-	-
PSYCHIATRIC TREATMENT	-	-	-	-	-	-	-	-	-	-
NUTRITION AND DINING CENTERS	-	-	-	-	-	-	-	-	-	-
COMMUNITY EDUCATION PROGRAMS	-	-	-	-	-	-	-	-	-	-
ELDER ABUSE HOTLINE	-	-	14%	-	17%	-	-	-	-	-
INFORMATION & REFERRAL SERVICE	-	-	-	-	-	-	-	-	-	-
LEGISLATE FILIAL RESPONSIBILITY	-	-	-	-	-	-	-	-	-	-
SUBSIDIZE LOW COST HOUSING	-	-	-	-	-	-	-	-	-	-

Table C-12: PERCENTS OF PROFESSIONALS SELECTING ONE OF TWENTY FIVE SERVICES AS MOST IMPORTANT TO ADDRESS THE PROBLEM OF UNINTENTIONAL NEGLECT OF ELDERLY

SERVICES	PROFESSIONS: Bank Trust Officers	Home Health Care Agencies	Justices of the Peace	Law Enforcement Agencies	Licensed Vocational Nurses	Physicians	Probate Judges	Registered Nurses	Senior Center Dir.	Hospital Social Work Dir.
EMERGENCY MEDICAL	-	-	-	-	-	-	-	-	-	-
LOW COST MEDICAL TREATMENT	-	-	-	-	-	-	-	-	-	-
LONG-TERM HEALTH	-	-	-	-	-	-	-	-	-	-
EMERGENCY SHELTER	-	-	-	-	-	-	-	-	-	-
TRANSPORATION SERVICES	-	-	-	-	-	-	-	-	-	-
RESPITE CARE	-	-	-	-	-	-	-	12%	-	26%
ADULT PROTECTIVE SERVICES	-	-	-	-	-	-	11%	-	-	-
SOCIAL CASEWORK / COUNSELING	15%	-	-	12%	-	14%	11%	17%	15%	38%
LEGAL ADVICE OR ASSISTANCE	-	-	-	-	-	-	-	-	-	-
LEGAL GUARDIANSHIP	-	-	-	-	-	-	-	-	-	-
BANK BY PHONE, DIRECT DEPOSIT	-	-	-	-	-	-	-	-	-	-
FINANCIAL ADVICE	-	-	-	-	-	-	-	-	-	-
HOME HEALTH-PERSONAL CARE	-	36%	-	-	21%	18%	-	-	-	-
MEALS ON WHEELS	-	-	-	-	-	-	-	-	-	-
FRIENDLY VISITOR	-	-	17%	14%	-	-	-	-	-	-
CITY-COUNTY WELFARE	-	-	-	-	-	-	-	-	-	-
STATE-FEDERAL WELFARE	-	-	-	-	-	-	-	-	-	-
SENIOR CENTERS	-	-	-	11%	-	-	-	-	21%	-
PSYCHIATRIC TREATMENT	-	-	-	-	-	-	-	-	-	-
NUTRITION AND DINING CENTERS	-	-	-	-	-	-	-	-	-	-
COMMUNITY EDUCATION PROGRAMS	15%	9%	-	-	-	-	11%	-	-	-
ELDER ABUSE HOTLINE	-	-	-	-	-	-	-	-	-	-
INFORMATION & REFERRAL SERVICE	-	-	-	-	-	-	-	-	-	-
LEGISLATE FILIAL RESPONSIBILITY	-	-	-	-	-	-	11%	-	-	-
SUBSIDIZE LOW COST HOUSING	-	-	-	-	-	-	-	-	-	-